

Edit/Audit Inquiry Results Edit-1

ESC-1

Edit Information

Edit Number	1	esc Number	1	NCPDP Code	
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Short Desc	Provider Not Certified for Neonatal Care
Long Desc	Provider Not Certified for Neonatal Services
Edit Criteria	<p>Note: Edit deleted as of 03/26/07.</p> <p>If the revenue code = 0174 or 0175 and the provider type is not = 001 or 091, set the edit.</p> <p>If the revenue code = 0174 or 0175, the provider type = 001 or 091, the admit date of service is >= 12/15/1987 and <= 12/31/1999, and the provider has no neonatal rates for the dates of service, set the edit. If the admit date is < 12/15/1987, replace the revenue code with 0170.</p>

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	12/15/1987	Revision Date
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

This edit will no longer be effective if admission date is > 12/31/1999.
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Resolution

(None)

Edit/Audit Inquiry Results Edit-2

ESC-2

Edit Information

Edit Number	2	esc Number	2	NCPDP Code	85
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Short Desc	Invalid Reference Number
Long Desc	The Reference Number is Invalid
Edit Criteria	If the Julian date in the reference number is not a valid date or is greater than the processing date, set the edit.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority	1	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy	Y	Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	100	PEND	
	100	PEND	
EMC	100	PEND	
	100	PEND	
Adjustment	100	PEND	
	100	PEND	
POS		DENY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-3

ESC-3

Edit Information

Edit Number	3	esc Number	3	NCPDP Code	05
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Short Desc	Invalid Billing Provider Number
Long Desc	Billing Provider ID Number Missing or Not in Valid Format.
Edit Criteria	<p>If a payment request is entered with a billing provider number that (1) is missing or (2) is not numeric set the edit.</p> <p>NOTE: On HCFA 1500 payment requests, the number entered in the PIN number field is the servicing provider number. If a number is entered in the GROUP number field, then that number is the billing provider number. If no number is entered, the servicing provider number is moved to the billing provider number.</p> <p>On UB92 payment requests, the provider number entered is both the servicing and billing provider numbers.</p> <p>We have moved the current Nursing Home part of this edit to edit 0022, servicing provider is not eligible to bill this payment request type.</p>

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority	1	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments	Y		

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y

Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		8	
Special Batch	217	PEND	
PA		DENY	

Programs

Program	Program Title
CPA001B	Batch Adjudication Driver - Part 1

Exceptions

Pend for Capitation, Management, Admin Fees, and Assessments. Edit will be turned off for Crossovers A and B only for EDI media and modifiers 1 (original) and 2 (adjustment). Edit has been turned on for Crossovers A and B, all media and modifiers.

Resolution

(None)

Edit/Audit Inquiry Results Edit-4

ESC-4

Edit Information

Edit Number	4	esc Number	4	NCPDP Code	07
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Short Desc	Invalid or Missing Enrollee ID
Long Desc	Enrollee ID Number Missing or Not in Valid Format
Edit Criteria	<p>If a payment request is entered with an enrollee number that (1) is missing (is spaces or zeros) or (2) is not numeric set the edit.</p> <p>If Media = '9' and first 11 bytes of enrollee number is numeric and 12th byte of enrollee number is alphabetic bypass the edit.</p>

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority	1	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments	Y		

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		8	
Special Batch	217	PEND	
PA		DENY	

Programs

Program	Program Title
PST018	Provider Location

Exceptions

Pend for Capitation, Management, Admin Fees, and Assessments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-5

ESC-5

Edit Information

Edit Number	5	esc Number	5	NCPDP Code	
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Short Desc	Invalid Accident Indicator/Hour
Long Desc	Accident Indicator is Invalid
Edit Criteria	<p>For UB92 payment requests, if a value code of 45 is present, the 2 low-order bytes of the value amount are the accident-hour.</p> <p>The accident-hour field is checked for values 00 - 23, blank, or 99 where 00 - 23 denotes hour, blank denotes no accident, and 99 denotes hour unknown. If one of these values is not present, then set the edit.</p> <p>For dental payment requests, if the accident flags are not N or Y, N is the default value.</p> <p>For Title 18 payment requests, if the accident or emergency flag is not N or Y, N is the default value.</p> <p>For HCFA 1500 payment requests, if the emergency indicator, employment indicator, auto accident indicator, or accident indicator is not Y or N, default to N.</p> <p>See value set, VALID ACCIDENT HOUR FIELD.</p>

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
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Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

This edit is set only for UB92 payment requests if the accident hour is not 00-23, blank, or 99. As of July 1st, 2005, dental encounter severity is changed to 8.
All other requests default. The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-6

ESC-6

Edit Information

Edit Number	6	esc Number	6	NCPDP Code	
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Short Desc	Invalid Patient Account Number
Long Desc	Invalid Patient Account Number
Edit Criteria	If the patient account number (I_PATNT_ACCT_NUM DE2031on CP_CLM_PYMT_REQ) is spaces or zeros, set the edit.

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-7

ESC-7

Edit Information

Edit Number	7	esc Number	7	NCPDP Code	15
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Short Desc	Invalid Date of Service
Long Desc	Invalid Date of Service
Edit Criteria	<p>For all Claim Types, if the from date of service is missing or is not a valid formatted date, set the edit.</p> <p>For HCFA 1500 and Title 18 payment requests, if the from date of service is valid and the thru date of service is missing or is not in a valid format, the thru date is defaulted to the from date and EOB 690 is set.</p> <p>For dental payment requests, the thru date of service is the same as the from date of service.</p> <p>If the from date of service is invalid, then the thru date of service is also invalid.</p> <p>For Title 18, part B payment requests, if the provider is an OPPS provider type (001, 014, 019, 046, 057, 085, 091), the admit date is greater than 07/31/2000, and the admit date is greater than 5 days after the from date of service, set the edit.</p> <p>For Pharmacy, if date of service is missing, not a valid formatted date or greater than current date, set the edit.</p> <p>Edit 007 includes the current edit 024.</p>

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority	1	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments	Y		

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay	Y	Man Fee	Y	Admin	
Asmt Fee	Y		Y		

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		8	
Special Batch		DENY	
PA		DENY	

Programs

Program	Program Title
CPA001B	Batch Adjudication Driver - Part 1

Exceptions

Deny for Pharmacy Paper Claims. Pend for Capitation, Management, Admin Fees, and Assessments. The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-8

ESC-8

Edit Information

Edit Number	8	esc Number	8	NCPDP Code	
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Short Desc	Invalid Admitting Physician Number
Long Desc	
Edit Criteria	This edit has been deleted from the new MMIS.

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-9

ESC-9

Edit Information

Edit Number	9	esc Number	9	NCPDP Code	
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Short Desc	Invalid Tooth Code
Long Desc	Tooth Number Invalid
Edit Criteria	<p>If the tooth code is not spaces and is not = 01 - 32, 51 - 82, A - T , or AS - TS, set the edit.</p> <p>Note: Providers will be allowed to enter quadrants in tooth code field. If any of the following values for quadrants, UR, UL, LL, LR, FM, are entered, the edit will not fail. The value will be stored in the mouth-quadrant field.</p>

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind	Y	Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		6	
Special Batch	217	PEND	
PA		DENY	

Programs

Program	Program Title
CPP120	PA Detail Screen - Introduction

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

(None)

Edit/Audit Inquiry Results Edit-10

ESC-10

Edit Information

Edit Number	10	esc Number	10	NCPDP Code	
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Short Desc	Invalid Surface Code
Long Desc	Tooth Surface Invalid
Edit Criteria	M, O, D, F, B, I, and L are valid surface codes. The edit sets if the tooth surface is other than M, O, D, F, B, I, and L and the procedure code is other than prophylaxis. This edit includes the former edit 151. See value set, TOOTH-SURFACE. See value set, PROC-PROPHYLAXIS.

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority	9	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		6	
Special Batch	217	PEND	
PA		DENY	

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments. As of July 1st, 2005, dental encounter severity is changed to 8.
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Resolution

(None)

Edit/Audit Inquiry Results Edit-11

ESC-11

Edit Information

Edit Number	11	esc Number	11	NCPDP Code	
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Short Desc	Referring Prov ID Populated with Attending Prov ID
Long Desc	Referring Prov ID Populated with Attending Prov ID
Edit Criteria	Note: For 837-I claims, the Referring and Attending Providers cannot both be submitted if they are the same. Therefore, if a claim is submitted with an Attending and no Referring, and there is a match in value set "REFERRING PVTTYPE CLMTYP" (#30032) using the claim type and servicing provider type from the claim, then move the Attending to the Referring (1st Other NPI in VAMMIS) and set EOB.

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	S	Effective Date	1/1/2000	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC		EOB	
		EOB	
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

Program	Program Title
CPA028	Provider Edits

Exceptions

(None)

Resolution

(None)

Edit/Audit Inquiry Results Edit-12

ESC-12

Edit Information

Edit Number	12	esc Number	12	NCPDP Code	
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Short Desc	Invalid Procedure Code
Long Desc	The Procedure Code is Missing or Not in Valid Format
Edit Criteria	<p>For outpatient payment requests, if only the principal procedure code = spaces, set the edit.</p> <p>For HCFA 1500 payment requests, if the first two positions of the procedure code are not 0 thru 9 or A thru Z, and the next 3 positions are numeric, OR if the last 3 positions are not numeric, set the edit.</p> <p>For Dental payment requests, if the procedure code is spaces, set the edit.</p> <p>For SLH payment requests only:</p> <p>(1) If the payment request is Claim Type 03 (outpatient), there must be a revenue code 450,490 or 510; if not, set the edit.</p> <p>(2) If the payment request is a Claim Type 03 and there is a revenue code 490, one of the following must be true; if not, set the edit:</p> <p>i) There is a procedure code on the revenue line.</p> <p>OR</p> <p>ii) If the DOS is prior to 01/01/04, there is a procedure code M0050 - M0054 in principal or other procedure field.</p> <p>(3) If a HCFA payment request, if the provider type = 51 and the from date of service is < 4/1/92 and the procedure code is not = 90060, set the edit.</p> <p>(4) If a HCFA payment request, if the provider type = 51 and the from date of service is > 12/31/91 and the procedure code is not = 99214, set the edit.</p> <p>See value set, PROC-90060.</p> <p>See value set, PROC-99214.</p> <p>See value set, PROC-TRANSPORT.</p>

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority	9	Recycle Days	0

HIPAA esc		CutBack Ind		
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Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments	Y		

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee	Y				

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA012	UB92 Edits
CPA330	UB04 Service/PA Edit

Exceptions

Pend for Assessments. The attachment and no-attachment disposition is always set to DENY for EMC adjustments. Xovers will deny for paper. As of July 1st, 2005, dental encounter severity is

changed to 8.

Resolution

(None)

Edit/Audit Inquiry Results Edit-13

ESC-13

Edit Information

Edit Number	13	esc Number	13	NCPDP Code	
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Short Desc	Invalid Number of Procedures (Dental)				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-14

ESC-14

Edit Information

Edit Number	14	esc Number	14	NCPDP Code	DQ
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Short Desc	Billed Amount Missing or Invalid
Long Desc	Billed Amount Missing or Invalid
Edit Criteria	<p>If the billed charges are not numeric or not greater than zero, set the edit.</p> <p>For UB92 payment requests, if the billed charges are not numeric or are spaces, set the edit.</p> <p>For Title 18 payment requests, billed charges is the sum of the deductible and coinsurance amounts entered on the payment request if they are valid (for XOVA). For XOVB, the billed charges amount is the sum of the deductible, coinsurance and copay amounts entered on the payment request if they are valid (R63 change). This edit is set if the billed charges are not greater than zero.</p> <p>For Title 18 payment requests (XOVB), if the billed charges are = 0 and the PT = (080, 082, 083 or 084) and the procedure code on the claim is in one of the following pairings, then bypass the edit</p> <p style="padding-left: 40px;">A0426 A0425 A0427 A0425 A0428 A0425 A0429 A0425 A0433 A0425 A0434 A0425 A0225 A0425 A0225 A0425 U1 A0430 A0435 A0431 A0436</p> <p>For Dental payment requests, if the procedure code = 00088, a dental clinic code, and the billed charges are not numeric or not greater than zero, zeros is moved to the billed charges and the edit is not set.</p>

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority	1	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		EOB	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

Deny for Pharmacy paper claims. Pend for Assessments. The attachment and no-attachment disposition is always set to DENY for EMC adjustments. New dental encounter disposition as of July 1st, 2005 is 8.

Resolution

Transfer to location 219 (updated 10/25/2007).

Edit/Audit Inquiry Results Edit-15

ESC-15

Edit Information

Edit Number	15	esc Number	15	NCPDP Code	DV
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Short Desc	Primary Carrier Pay Missing/Invalid				
Long Desc	Primary Carrier Pay Missing or Invalid				
Edit Criteria	If the COB code on the payment request is 3 (non-UB92) or 83 (UB92) and the payment request's Third Party Payment amount is not present or is zero or nonnumeric, set the edit. Edit 126 has been combined with this edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

For Pharmacy Paper claims, if missing, ignore and pay. If invalid, default to zeroes and pay. The attachment and no-attachment disposition is always set to DENY for EMC adjustments. New dental encounter disposition as of July 1st, 2005 is 8.

Resolution

(None)

Edit/Audit Inquiry Results Edit-16

ESC-16

Edit Information

Edit Number	16	esc Number	16	NCPDP Code	
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Short Desc	Invalid IC Code Indicator				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-17

ESC-17

Edit Information

Edit Number	17	esc Number	17	NCPDP Code	
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Short Desc	Missing Former Reference Number				
Long Desc	Please Resubmit This Adjustment/Void with the Correct Reference Number				
Edit Criteria	For an adjustment or void, if the former reference number is not present, or the first 7 positions or the last 8 positions are not numeric, set the edit. See value set, ADJ_VOID_RANGE.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority	1	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments	Y		

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		PAY	
		PAY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

Pend for Capitation, Management, Admin Fees, and Assessments. This edit can apply to Pharmacy Paper claims only. The attachment and no-attachment disposition is always set to DENY for EMC adjustments. New dental encounter disposition as of July 1st, 2005 is 8.

Resolution

(None)

Edit/Audit Inquiry Results Edit-18

ESC-18

Edit Information

Edit Number	18	esc Number	18	NCPDP Code	
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Short Desc	Invalid Signature Indicator				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-19

ESC-19

Edit Information

Edit Number	19	esc Number	19	NCPDP Code	85
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Short Desc	Invalid Input Tech Code				
Long Desc	Input Tech Code is Invalid				
Edit Criteria	This edit is being deleted. If the input tech code (I_CLM_SUBMIT in CP_PYMT_REQ_DOC) is spaces, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-20

ESC-20

Edit Information

Edit Number	20	esc Number	20	NCPDP Code	13
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Short Desc	Missing/Invalid Primary Carrier Code				
Long Desc	The COB Code is Missing or Invalid				
Edit Criteria	<p>Valid COB code values are: 2 (82) = no other coverage 3 (83) = billed and paid 5 (85) = billed, no coverage</p> <p>a) If a TPL amount is on the payment request, insert COB code 3 (non-UB92) or 83 (UB92). b) If there is no TPL amount on the payment request and no COB code is entered, insert COB code 2 (non-UB92) or 82 (UB92). c) If there is no TPL amount on the payment request and a COB code other than 2 (82), 3 (83), or 5 (85) is entered, insert COB code 2 (non-UB92) or 82 (UB92). d) If there is no TPL amount on the payment request and a COB code of 2 (82), 3 (83), or 5 (85) is entered, insert the COB code entered and bypass the edit.</p> <p>On UB92s, the COB code is in the first value code.</p> <p>See value set, DEFAULT COB/EDIT 0020.</p> <p>For pharmacy claims, the other coverage code must be 00 through 08, else set this edit.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	Z	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

This edit will deny for pharmacy claims and pay for all other invoice types.
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Resolution

(None)

Edit/Audit Inquiry Results Edit-21

ESC-21

Edit Information

Edit Number	21	esc Number	21	NCPDP Code	
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Short Desc	Invalid Covered Charge				
Long Desc					
Edit Criteria	<p>For nursing home payment requests, if covered charge is not numeric, set the edit.</p> <p>This edit is deleted in the new system since Nursing Home payment requests are treated like UBs and use revenue codes in the new MMIS.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-22

ESC-22

Edit Information

Edit Number	22	esc Number	22	NCPDP Code	40
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Short Desc	Servicing Provider is Not Eligible to Bill This Payment Request Type
Long Desc	Servicing Provider is Not Eligible to Bill this Payment Request Type
Edit Criteria	<p>1) Claim Type 04 is assigned if provider type = 55 (Personal Care). There is no edit for CT 04 in Edit 22.</p> <p>2) If Claim Type 01 and the provider type not = 01 (Gen Hospital), 02 (MH), 03 (EPSDT Psych), 04 (Long Stay - not MH), 05 (TB Hosp), 07(EPSDT Psych), 08 (Med Surg - MH), 09 (Med Surg - MR), 12 (Long Stay - MH), 13 (Med Surg - MH - Rehab), 14 (Rehab Hosp), 46 (Hospice - if DOS is after 12/31/03), 77 (Residential Treatment Center - if DOS is after 10/31/2003), 85 (Out of State Rehab Hosp), 91 (Out of State Gen Hosp), or 100 (Non-Medicaid TDO, effective 1/1/2002), set the edit.</p> <p>3) If Claim Type 03 and the provider type not = 01 (Gen Hospital), 02 (MH), 03 (EPSDT Psych), 04 (Long Stay - not MH), 05 (TB Hosp), 07 (EPSDT Psych), 08 (Med Surg - MH), 09 (Med Surg - MR), 12 (Long Stay - MH), 13 (Med Surg - MH - Rehab), 14 (Rehab Hosp), 19 (CORF – if DOS before 7/1/09), 46 (Hospice - if DOS is after 12/31/03), 57 (PT Clinics – if DOS before 7/1/09), 58 (HH State), 59 (HH Private), (85 (Out of State Rehab Hosp), 91 (Out of State Gen Hosp), 94 (Out of State HH), 100 (Non-Medicaid TDO, effective 1/1/2002), or 104 (PACE), set the edit.</p> <p>4) If Claim Type 13 and the provider type not = 80 (Transportation), 81 (Reg Driver), 82 (Emergency Air Amb), 83 (Transportation Out of State), or 84 (Air Ambulance Out of State), set the edit.</p> <p>5) If Claim Type 05 and the provider type not = 01, 14, 19 - 26, 30 - 32, 34 - 39, 40 - 41, 44, 46 - 53, 55 - 57, 58, 59, 60 - 64, 67, 69, 71, 72, 73, 76, 77, 78, 79, 90, 93, 95, 97, 100, 101, 102, 103, 105, 106, 108, set the edit. - PT 46 not allowed for DOS > 12/31/03. - PT 58 and 59 (Home Health) not allowed unless Enrollee Exception Indicator is 'R' (IFDDS) or provider has a specialty of '116'.</p> <p>6) If Claim Type 02 (SNF) and the provider type is not 06 (SNF - MH), 11 (SNF - MR), 10 (SNF - non MH), 15 (Nursing Facility), 28 (SNF - State), or 92 (SNF - Out</p>

	<p>of State), set the edit.</p> <p>7) If Claim Type 10 (ICF) and the provider type is not 10 (effective 01/01/2005), 15 (effective 01/01/2005), 16 (ICF - MH), 17 (ICF - MR - State), 18 (ICF - MR - C), 29 (ICF - State), or 86 (ICF - Out of State) or 109 Out of State LTC ICF (effective 07/01/2012), set the edit.</p> <p>8) If Claim Type = 06 (Pharmacy) and the provider type is not 60, 87, or 96, set the edit. Also,</p> <p>9) If the Claim Type is 09, the Provider Type is 100, the Media Type is 7 or 8 (Electronic), sub-program = 00, and the Benefit Plan is 0000, set the edit.</p> <p>10) If the Provider Type = '077', AND if the Claim's DOS begins AFTER 06/30/2008, then: a) If the Claim Type = 01 AND if the Provider Specialty NOT = 000 or 047, set the edit; b) If the Claim Type = 05 AND if the Provider Specialty NOT = 114 or 115, set the edit.</p> <p>For SLH: 1) If Claim Type 01 or 03 and the provider class type not = 01 or 91, set the edit. 2) If Claim Type 05 and the provider class type not = 49 or 51, set the edit.</p> <p>See value set, INPAT PROVIDER TYPES - E0022. See value set, HM-HLT PROVIDER TYPES - E0022. See value set, OUT-PAT PROVIDER TYPES - E0022. See value set, TRANS PROVIDER TYPES - E0022. See value set, PHYS PROVIDER TYPES - E0022. See value set, SNF PROVIDER TYPES - E0022. See value set, ICF PROVIDER TYPES - E0022. See value set, SLH PROV TYPE CLM 01 AND 03. See value set, SLH PROV TYPE CLM 05.</p>
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General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy	Y	Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA028	Provider Edits

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-23

ESC-23

Edit Information

Edit Number	23	esc Number	23	NCPDP Code	
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Short Desc	Units Missing/Not in Valid Format
Long Desc	Units of Service Missing or Not in the Valid Format
Edit Criteria	<p>This edit checks for nonnumeric or zero units. For Practitioner, Personal Care, Dental and Lab payment and Hospital Outpatient/Home Health requests, default to 1 and continue processing.</p> <p>For Transportation or XOV B Transportation with DOS GTE 11/1/09; if the procedure code is a service code (See copybook SERV MILE A0426, A0427, A0428, A0429, A0433, A0434, A0225, A0430, A0431) or A0999, default to 1 and continue processing.</p> <p>For Home Health payment requests, if any revenue line units is nonnumeric or zero and there is a revenue code on that line, set the edit on that line.</p> <p>For Title 18 with coverage code = A, from date > 7/31/93, and provider type = 10 (nursing home), if covered days is zeros or not numeric, set the edit.</p> <p>For Non-Transportation XOV B claims or any XOV B claims with DOS < 11/1/09; if units is non-numeric or zero, then set value to 1.</p> <p>For Bill Type '13X', Claim Type '03' (both encounters and non-encounters claims) and '09'-XOVA (non-encounter claims), Provider Types '001', '014', '085', '091' Benefit Program '01' (Medicaid) and '07' (FAMIS) recipients only: For any revenue line, if NDC exists, but there is no unit, then cutback the line, set Edit 0023, and do not validate HCPCS Codes.</p> <p>For claim type HCFA Claims CT (05 and 08) If a valid procedure code was found in the new REBATE INCLUDE/NDC REQUIRED value set and the claims date of receipt is >= 05/24/2014 and a valid NDC is found Edit 0023 will be performed.</p> <p>If the UOM-QUALIFIER NOT EQUAL to 'F2', 'GR', 'ML', 'UN' Set Edit 0023.</p> <p>If the UOM-QUALIFIER IS EQUAL to 'F2', 'GR', 'ML', 'UN' and the UOM-QTY is not > ZEROES Set Edit 0023.</p> <p>NOTE: Edit 0023 will not be performed for Individual or Mass Adjustments where the original claim Date of Receipt is < 05/24/2014 as these claims will not have the UOM Qual and UOM Qty.</p>

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments	Y		

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		N/A	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA010	CMS-1500 Edits HCFA-1500 Edits

CPA012	UB92 Edits
CPA016	Crossover Edits
CPA330	UB04 Service/PA Edit

Exceptions

Pend for Capitation, Management, Admin Fees, and Assessments. The attachment and no-attachment disposition is always set to DENY for EMC adjustments. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

(None)

Edit/Audit Inquiry Results Edit-24

ESC-24

Edit Information

Edit Number	24	esc Number	24	NCPDP Code	
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Short Desc	Invalid Begin/From Date of Service/Coverage				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS. (Incorporated with edit 0007)				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-25

ESC-25

Edit Information

Edit Number	25	esc Number	25	NCPDP Code	
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Short Desc	Service 'Thru' Date Missing/Invalid				
Long Desc	The Statement Covers Period 'Thru' Date is Missing or Invalid.				
Edit Criteria	For UB92 Claim Types, if the thru date of service is missing or is not a valid formatted date, set the edit. For HCFA 1500 and Title 18 payment requests, if the thru date is missing or is not a valid formatted date: a- if the from date is a valid date, it is moved to the thru date and EOB 690 is set. b- if the from date is not valid, then this edit is set.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments	Y		

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		8	
Special Batch		DENY	
PA			

Programs

(None)

Exceptions

Pend for Capitation, Management, Admin Fees, and Assessments. The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-26

ESC-26

Edit Information

Edit Number	26	esc Number	26	NCPDP Code	
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Short Desc	Covered Days Missing or Invalid
Long Desc	Covered Days Missing or Invalid
Edit Criteria	<p>For Outpatient:</p> <p>If one of the diagnosis codes resides in the ICD-9 value set 288 (PREGNANCY DIAGS HD COPAY) or the ICD-10 value set 20288 (ICD-10 PREGNANCY DIAG CODES), bypass the edit.</p> <p>If one of the diagnosis codes resides in the ICD-9 value set 302 (EDIT 0026/0026 DIAG SET) or the ICD-10 value set 20302 (ICD-10 REHAB AND PSYCH DIAGS), bypass the edit if either of these conditions is true:</p> <ul style="list-style-type: none"> • the member's age is < 21 and the bill type is 113 or 114 • The member's age is > 20, the bill type is 113 or 114 and the admission date is greater than 6/30/1996. <p>If covered days is non-numeric or 0, set covered days to 1.</p> <p>If the primary diagnosis is ICD-9 V681 and the primary procedure code is either ICD-9 9999 or ICD-9 99990, covered days is set to 0.</p> <p>For Home Health:</p> <p>(1) If co-pay is applicable to the payment request and the covered days is equal to 0, set the edit.</p> <p>(2) If co-pay is applicable to the payment request and the covered days on the payment request is greater than the days stay (thru date minus from date + 1), set the edit.</p> <p>(3) If co-pay is applicable to the payment request and the covered days on the payment request is greater than the calculated co-pay units based on the revenue code units, set the edit.</p> <p>For Nursing Home:</p> <p>If the total accommodation revenue units = 0, set the edit.</p> <p>For Title 18:</p> <p>If from date of service > 7/31/93, the payment request's Medicare coverage code = A</p>

	<p>(form XOVA), provider type = 10, and the covered days on the payment request is > (thru date minus from date + 1), set the edit.</p> <p>For Inpatient (Claim Type 01):</p> <p>(1) If the provider type = 01 (hospital), 08 (state mental hospital), 09 (med-surg-mr), 13 (long stat IP MR), or 91 (out of state hospital) and either the adult days of service (the sum of units for adult revenue codes) or the neonatal ICU days of service (the sum of units for neonatal revenue codes) is > 21 days:</p> <p>(a) If the enrollee's age is > 21 on the from date of service and the provider type is not = 01 (hospital) or the admission date is <= 06/30/96, set the edit. Bypass if the provider type = 01 or 91 and the admission date is greater than 12/31/1999.</p> <p>(b) If the enrollee turns 21 during the hospital stay and the length of stay from the time the enrollee reaches the age of 21 exceeds 21 days and the provider type is not = 01 (hospital) or the admission date is <= 06/30/96, set the edit. Bypass if the provider type = 01 or 91 and the admission date is greater than 12/31/1999.</p> <p>(2) If the sum of the adult days of service, the neonatal ICU days of service, the payable nursery days, and the non-payable nursery days is not > zero, set the edit. Bypass if (a) the provider class type = 03 or 07, 46, or 77, or (b) EOB 640 or 638 has not been set, or (c) the enrollee's age is < 21, the principal diagnosis code is in the ICD-9 value set 302 (EDIT 0026/0026 DIAG SET) or ICD-10 value set 20302 (ICD-10 Rehab and Psych Diags) and the bill type = 113 or 114, or (d) the admission date is greater than 12/31/1999, the provider class type = 01 or 91, and the bill type = 113 or 114, or (e) the enrollee's age is > 20, the bill type = 113 or 114, the provider class type = 01 or 91 and the admission date is greater than 06/30/1996.</p> <p>See value sets, EDIT 0026/0026 DIAG SET (ICD-9) and ICD-10 Rehab and Psych Diags (ICD-10) .</p>
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General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	

Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit
CPA048	Pricing Copay

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-27

ESC-27

Edit Information

Edit Number	27	esc Number	27	NCPDP Code	
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Short Desc	Date is Invalid				
Long Desc	Date is Invalid				
Edit Criteria	This edit is deleted from the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

Program	Program Title
PST081	Provider Rate Maintenance (Pending DMAS Approval)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-28

ESC-28

Edit Information

Edit Number	28	esc Number	28	NCPDP Code	
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Short Desc	Admit Date Missing or Invalid				
Long Desc	Admit Date Missing or Invalid				
Edit Criteria	<p>If the admit date is not numeric or not in a valid date format for UB92 payment requests, set the edit.</p> <p>If the admit date is not numeric or not in a valid date format for Title 18 payment requests with Medicare coverage code A (form XOVA) and the billing provider type is in the value set, set the edit. If the admit date is not valid for Medicare coverage code A (form XOVA) and the billing provider type is not in the value set, the from date of service is moved to the admit date if the from date of service is valid. This edit will be bypassed for outpatient cross-overs.</p> <p>See value set, PROV TYPES FOR E0028.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		4	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-29

ESC-29

Edit Information

Edit Number	29	esc Number	29	NCPDP Code	
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Short Desc	Patient Payment Begin Date is Invalid				
Long Desc	Patient Payment Begin Date is Invalid				
Edit Criteria	For Nursing Home, if the patient payment begin date is not numeric, set the edit.				
	This date is not being kept in the new MMIS, and so this edit is omitted.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-30

ESC-30

Edit Information

Edit Number	30	esc Number	30	NCPDP Code	
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Short Desc	Primary Diag Not on File/Invalid
Long Desc	Primary Diagnosis Code Not on File/Invalid
Edit Criteria	<p>For Claim Types 01, 03, 08, 09 (XOVB), and 05, if the primary diagnosis is not in the valid format, set the edit.</p> <p>For ICD-10 claims, the diagnosis length is 3 - 7 characters and the valid format is a9xxxxx where a is alpha, 9 is numeric, and x is alpha-numeric. For ICD-9 claims, the valid diagnosis format is either xnn, xnnn, or xnnnn where x = 0 - 9, V and n = 0 - 9. If the first position of the primary diagnosis is an E and the date of service is before the ICD-10 compliance date, set the edit. Claim Type 04 was end dated with date 01/01/2006 on 10/16/2009.</p> <p>For outpatient Claim Type 03, the edit is only done for bill types 131 and 137. It is also set if the diagnosis is not on the Diagnosis Database.</p> <p>For Claim Type 01 (Inpatient), the edit is only done if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 117.</p> <p>For Claim Type 01 (Inpatient), the edit is only done if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 117 .</p> <p>For Claim Type 01, provider types 003 and 007 and 077 are the only other provider types that set the edit.</p> <p>For ICD-9 claims, see value set, 228 - VALID-DIAG-FORMAT. This value set contains all the valid values (0 - 9, E, and V) for a diagnosis and is used to validate the format for all diagnoses entered on a claim. However, the value E is not valid for the first position of the primary diagnosis, and this edit has an additional check for the the E in the first position.</p>

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	

Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	Y
Physician	Y	Personal Care		Laboratory	Y
Transportation		Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments. Personal Care (Claim Type 04) was end dated for all Programs and media with end date 01/01/2006 on 10/16/2009. TDO program code 02 was added to XOVA and XOVB on 10/16/2009.

Resolution

(None)

Edit/Audit Inquiry Results Edit-31

ESC-31

Edit Information

Edit Number	31	esc Number	31	NCPDP Code	
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Short Desc	Patient Status is Missing/Invalid				
Long Desc	Patient Status is Missing or Invalid				
Edit Criteria	<p>If the patient discharge status is not = 01-43, 50, 51, 61- 66, 70, set the edit.</p> <p>Discharge status 66 has been added effective 3/1/2007. Discharge status 70 has been added effective 4/1/2008.</p> <p>Value set "Valid Discharge Status Code".</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA012	UB92 Edits

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-32

ESC-32

Edit Information

Edit Number	32	esc Number	32	NCPDP Code	
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Short Desc	Invalid Patient Payment Amount				
Long Desc	The Amount Due From Patient is Not Valid				
Edit Criteria	<p>If the patient pay amount is not numeric, set the edit. This part of edit is being done at startup.</p> <p>If the patient pay amount is not a valid amount determined by DSS, set the edit.</p> <p>Patient pay is on the recipient eligibility file DMAS will determine whether or not to turn this on at startup.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health		Outpatient	
Physician		Personal Care	Y	Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-33

ESC-33

Edit Information

Edit Number	33	esc Number	33	NCPDP Code	
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Short Desc	Total Charge Omitted/Out of Balance				
Long Desc	Total Charge Omitted or Out of Balance				
Edit Criteria	If the total charge (revenue code 0001) does not equal the sum of the individual line charges or if the total charge is zero, set the edit. If there is no total charge line (revenue code 0001), add that line with the sum of the individual line charges.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	v
Nursing	Y	Home Health	Y	Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A	v	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		4	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-34

ESC-34

Edit Information

Edit Number	34	esc Number	34	NCPDP Code	
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Short Desc	Invalid Late Charge Indicator				
Long Desc	Late Charge Indicator is Invalid				
Edit Criteria	This edit is deleted. If the late charge indicator is not numeric, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-35

ESC-35

Edit Information

Edit Number	35	esc Number	35	NCPDP Code	
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Short Desc	Missing/Invalid Accommodation Code				
Long Desc	Missing/Invalid Type of Accommodation Code				
Edit Criteria	<p>For Inpatient (Claim Type 01) and Nursing Home (Claim Type 02, 10) payment requests, if the from date of service does not = the thru date of service and there is an invalid accommodation revenue code or no accommodation revenue code on the payment request, set the edit.</p> <p>See value set, Accommodation Codes for NH (for Claim Types 02 and 10)</p> <p>See value set, Inpat Accommodation Codes (for Claim Type 01)</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-36

ESC-36

Edit Information

Edit Number	36	esc Number	36	NCPDP Code	
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Short Desc	Invalid Rate				
Long Desc	The Provider Rate is Invalid				
Edit Criteria	If a rate is not found on the Provider Rate Table, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	100	PEND	
	100	PEND	
EMC	100	PEND	
	100	PEND	
Adjustment	100	PEND	
	100	PEND	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
PST081	Provider Rate Maintenance (Pending DMAS Approval)

Exceptions

None

Resolution

<p>All Claim Types:</p> <ol style="list-style-type: none"> 1. Check for keying/scanning errors. If errors are found in unprotected fields, correct the field entry. If errors are found in protected fields, deny the pending payment request using code 0098 and disposition indicator D. 2. If there are no keying/scanning errors, print the pend screen. 3. Transfer the claim to LOC 250 with remarks stating the provider rate needs to be added to the file. 4. Give the screen print to your supervisor. 5. Supervisor, refer the screen print to PEU with request to add the rate to the file and then return the screen print to you with date the rate was added. 6. When the response is received from PEU that the rate has been entered, access the claim in LOC 250 and release the claim to adjudication by hitting the Adjudication button. Do not override the edit. <p>Nursing Home Claims:</p> <p>If rate is on file:</p> <ol style="list-style-type: none"> 1. Choose enrollee button. 2. Click on elig segment for dates of service billed on claim. 3. Check the XIX ICF or XIX SNF segments for dates of service billed. 4. If the provider number does not match deny the claim with ESC 0157 D 5. If provider number matches, indicate this on the remark screen and transfer to 219.
--

If claim billed with a CPT code, transfer to location 219 (updated 10/25/2007).

Edit/Audit Inquiry Results Edit-37

ESC-37

Edit Information

Edit Number	37	esc Number	37	NCPDP Code	
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Short Desc	Services Not Approved For FAMIS				
Long Desc	Services Not Approved For Children Enrolled In FAMIS				
Edit Criteria	For Claim Type '05', if Provider Type = '072', enrollee is in FAMIS and the procedure code is in value set "SCHOOL REHAB SERVICES-EDIT 37", set the edit.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority	0	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	S	Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter		9	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-38

ESC-38

Edit Information

Edit Number	38	esc Number	38	NCPDP Code	
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Short Desc	Invalid Place of Treatment Code
Long Desc	The Place of Treatment is Missing or Invalid
Edit Criteria	<p>For all HCFA 1500 Claim Types (with the exception of transportation), if the place of treatment is blank or is not a valid HCFA standard code (01 - 99), set the edit. For Title 18, part B payment requests, if the place of treatment is not blank and is not a valid HCFA standard code (01 - 99), set the edit. Standard codes currently used by DMAS are:</p> <ul style="list-style-type: none"> 01 = Pharmacy 03 = School 04 = Homeless Shelter 05 = Indian Health Service Free-Standing Facility 06 = Indian Health Service Provider-Based Facility 07 = Tribal 638 Free-Standing Facility 08 = Tribal 638 Provider Based Facility 11 = Office 12 = Home 13 = Assisted Living Facility 14 = Group Home 15 = Mobile Unit 19 = Off Campus – Outpatient Hospital 20 = Urgent Care Facility 21 = Inpatient Hospital 22 = Outpatient Hospital 23 = Emergency Room Hospital 24 = Ambulatory Surgical Center 25 = Birthing Center 26 = Military Treatment Facility 31 = Skilled Nursing Facility 32 = Nursing Facility 33 = Custodial Care Facility 34 = Hospice 41 = Ambulance - Land 42 = Ambulance - Air or Water 49 = Independent Clinic 50 = Federally Qualified Health Center

51 = Inpatient Psychiatric Facility
 52 = Psychiatric Facility Partial Hospitalization
 53 = Community Mental Health Center
 54 = Intermediate Care Facility/Mentally Retarded
 55 = Residential Substance Abuse
 56 = Psychiatric Residential Treatment Center
 57 = Non-residential Substance Abuse Treatment Facility
 60 = Mass Immunization Center
 61 = Comprehensive Inpatient Rehabilitation Facility
 62 = Comprehensive Outpatient Rehabilitation Facility
 65 = End State Renal Disease Treatment Facility
 71 = State or Local Public Health Clinic
 72 = Rural Health Clinic
 81 = Independent Laboratory
 99 = Other Unspecified Facility

For community based care provider types 47, 63, 73, or 106, if the place of treatment is not = 12, the patient's home, set the edit. Bypass if the service is case management (flag indicator = CM, SA, or FA) or is CDPAS (flag indicator = Q) or if IFDDS specialty (16 or 17) or Fiscal Agent (specialty 14 or 15) for an IFDDS recipient (exception = R).

If Claim Type = 05 and the provider type = 001 or 091 and the place of treatment is not 81, set the edit.

If not transportation claim, check if the place of treatment is in the value set 0226 (PLACE-OF-TREATMENT). Place of treatment 19 will be added to value set 0226.

If claim is XOVB, if place of treatment not equal to spaces and not in the value set, set the edit

else not XOVB, if place of treatment is equal to spaces or not in the value set, set the edit.

For SLH If the Claim Type = 05 and the place of treatment is not = 22 or 19, set the edit.

See value set, PLACE-OF-TREATMENT.
See value set, PROC-OUTPATIENT.

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation		Xover A		Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments. The paper disposition for Crossover B for Medicaid and FAMIS is set to Test with a date type of R (eceipt) with an effective begin date of 01/01/2006.

Resolution

Override 0038 O (updated 10/25/2007).

Edit/Audit Inquiry Results Edit-39

ESC-39

Edit Information

Edit Number	39	esc Number	39	NCPDP Code	AE
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Short Desc	QMB Only Enrollee - Bill Medicare First				
Long Desc	Qualified Medicare Beneficiary Only Enrollee. Medicaid coverage limited to deductible and coinsurance.				
Edit Criteria	QMB enrollees who are dually eligible (aged, blind or disabled), with aid category code = 23, 43 or 63, can be submitted only on Title 18 payment requests. All others deny for this edit. See value set, QMB-ENROLLEES-E0039				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	R	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA030	Recipient Edits
VPTM1RCP	POS Pharmacy Claims Enrollee Edits Process

Exceptions

New dental encounter disposition as of July 1st, 2005 is 8.

Resolution

(None)

Edit/Audit Inquiry Results Edit-40

ESC-40

Edit Information

Edit Number	40	esc Number	40	NCPDP Code	
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Short Desc	Invalid Type of Service				
Long Desc	Type of Service is Invalid				
Edit Criteria	<p>For Community Based Service (provider type = 47, 48, 63, 73, or 106), if the Medical and Administrative Codes Database flag indicator does not equal 'CM' or 'SA' or 'FA' (meaning procedure not case management) or 'Q' (meaning CDPAS) or Provider specialty is IFDDS (16 or 17), AND if the provider type of service is 2, 3, 4, 5, 6, 7, or 8, set the edit.</p> <p>Provider type 47 is Respite Care, 48 is Adult Day Care, 63 is Private Duty Nursing, 73 is Case Management Waiver and 106 is Transition Coordinator.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority	9	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-41

ESC-41

Edit Information

Edit Number	41	esc Number	41	NCPDP Code	
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Short Desc	Invalid Procedure Modifier
Long Desc	The Modifier is Not Valid
Edit Criteria	<p>If any of the 3 procedure modifiers is not one of these standard 2-digit HCFA modifier codes, See value set, VALID-MODIFIERS, or one of the valid state modifier codes, H, K, T, U, W, Y, Z, Q, R, S, then set the edit.</p> <p>Note: Modifier codes H,K,T,U,W,Y,Z,Q,R,S are not valid for dates of service on or after 12/31/03.</p> <p>If the modifier is not one of the above, default it to space and set this edit. If a space is in the modifier field, it remains a space and no edit is set.</p> <p>For SLH practitioner claims, if the modifier is not = 22 or space, default it to space and set this edit.</p> <p>For Outpatient Hospital Claims & Title-18 (XOVA) claims for Bill-types = '13X', '72X' and '85X', and prov types ('001', '014', '085', '091'), and FDOS >= 01/1/14 the Revenue line Modifiers with procedure codes will be validated. If any of the 4 procedure modifiers is not one of these standard 2-digit HCFA modifier codes, See value set, VALID-MODIFIERS, or one of the valid state modifier codes, H, K, T, U, W, Y, Z, Q, R, S, then set the edit.</p> <p>Note: Modifier codes H,K,T,U,W,Y,Z,Q,R,S are not valid for dates of service on or after 12/31/03.</p>

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		EOB	
		EOB	
EMC		EOB	
		EOB	
Adjustment		PAY	
		PAY	
POS		PAY	
Encounter		6	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA010	CMS-1500 Edits HCFA-1500 Edits

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-42

ESC-42

Edit Information

Edit Number	42	esc Number	42	NCPDP Code	
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Short Desc	Coverage Limited to Medicaid Covered Service
Long Desc	Coverage Limited to Medicaid Covered service
Edit Criteria	<p>This edit is for CT 09 (X-over) only.</p> <p>1) If the from and thru dates of service are valid and the enrollee is eligible for the dates of service and the provider type = 003, 026, 027, 033, 043, 045, 046, or 054 (private mental hospital, chiropractor, Christian Science SNF, nurse anesthetist, speech/ language pathologist, audiologist, occupational therapist, hospice or physical therapist) and aid category = 018, 020, 038, 040, or 060 (aged - not QMS, aged-income exceeds QMB limit, blind - not QMB, blind - income exceeds QMB limit, disabled - not QMB, or disabled -income exceeds QMB limit), set the edit.</p> <p>2) If the from and thru dates of service are valid and the enrollee is eligible for the dates of service and the aid category is not 023, 043, and 063, the enrollee is not QMB dually eligible (premium indicator not = Q; see note below) and the provider type = 003, 026, 027, 033, 043, 045, 046 or 054 (private mental hospital, chiropractor, Christian Science SNF, nurse anesthetist, speech/ language pathologist, occupational therapist, hospice or physical therapist), set the edit.</p> <p>3) If the provider type = 003, 026, 027, or 033 and the aid category = 066, set the edit.</p> <p>See value set, PROV TYPES FOR E0042. See value set, AID CATG FOR E0042. See value set, PROV TYPES WITH PREM IND E0042. See value set, PROV TYPE FOR AID CATG 0066.</p> <p>4) If the enrollee is GAP (Aid Category 087 – see Value Set GAP AID CATGS (#1036)), set the edit.</p> <p>Note: An enrollee is QMB dually eligible when his aid category is not equal to 023, 043, or 063 AND one of his TPL coverage codes = A or Y and the month and year of the enrollee's application date is less than the month and year of the from date of</p>

	service OR one of his TPL coverage codes = A or Y and the enrollee was eligible any part of the month prior to the from date of service. If he is determined to be QMB dually eligible, his premium indicator is set to Q.
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General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-43

ESC-43

Edit Information

Edit Number	43	esc Number	43	NCPDP Code	
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Short Desc	Invalid Medicare Coverage Code /A or /B				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-44

ESC-44

Edit Information

Edit Number	44	esc Number	44	NCPDP Code	21
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Short Desc	NDC Missing or Not In Valid Format
Long Desc	NDC Missing or Not in Valid Format
Edit Criteria	<p>If the national drug code (NDC) is missing or not 11 digits numeric for a pharmacy payment request (Claim Type 06), set the edit.</p> <p>If a compound claims is being entered, the NDC must be zeroes in the primary NDC field. The ingredient NDCs are entered individually in the compound portion.</p> <p>For physician, Xover-B and Lab payment requests (CT 05,09 and 08), if Jcode is submitted and national drug code (NDC) is missing , set the edit. If NDC is present and is not at least 10 digits, set the edit.</p> <p>For Bill Type '13X', ClaimType '03' (both encounters and non-encounter claims) and '09'-XOVA (non-encounter claims), Provider Types '001', '014', '085', '091', Benefit Program '01' (Medicaid) and '07' (FAMIS) recipients only: If revenue code is between 0250-0259 or 0630-0639 range (value set description 'UB04 NDC DRUG REVENUE CODE') and NDC is missing, cutback the line, set Edit 0044, and do not validate HCPCS code.</p> <p>For claim type HCFA Claims CT (05,08 and 09 XOVB)</p> <p>If a valid procedure code was found in the new REBATE INCLUDE/NDC REQUIRED value set and the claims date of receipt is >= 05/24/2014 and national drug code (NDC) is missing, set the edit. If NDC is present and is not at least 10 digits, set the edit. For claims with dates of receipt prior to 5/24/2014, the edit is only done for J-Codes.</p>

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	Z	Priority	1	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy	Y	Inpatient	
Nursing		Home Health		Outpatient	Y
Physician	Y	Personal Care		Laboratory	Y
Transportation		Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

Effective date for Physician, Xover-B and Lab claims: 07/01/2007. Encounter disposition for Physician, Xover-B and Lab claims is 0.

Resolution

(None)

Edit/Audit Inquiry Results Edit-45

ESC-45

Edit Information

Edit Number	45	esc Number	45	NCPDP Code	E7
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Short Desc	Invalid Metric Quantity				
Long Desc	The Metric Quantity is Invalid				
Edit Criteria	If the metric decimal quantity field is not present, not numeric, or not greater than zero, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	Z	Priority	1	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy	Y	Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		8	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-46

ESC-46

Edit Information

Edit Number	46	esc Number	46	NCPDP Code	
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Short Desc	Invalid Number of Refills				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-47

ESC-47

Edit Information

Edit Number	47	esc Number	47	NCPDP Code	DQ
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Short Desc	Invalid Pharmacy Cost				
Long Desc	The Pharmacy Cost is Invalid				
Edit Criteria	The Usual and Customary amount billed must be numeric and greater than zero. If not, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy	Y	Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		8	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-48

ESC-48

Edit Information

Edit Number	48	esc Number	48	NCPDP Code	
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Short Desc	Invalid Locality Code				
Long Desc	The Locality Code is Invalid				
Edit Criteria	This edit is deleted. For Home Health (Claim Type 03) payment requests, if the provider's locality code is not numeric or is not on the RF_REGION_LOC table for region type 'HH' for the claim's dates of service, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-49

ESC-49

Edit Information

Edit Number	49	esc Number	49	NCPDP Code	
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Short Desc	Invalid Service Code				
Long Desc	Invalid Service Code				
Edit Criteria	Deleted per DMAS and combined with Edit 12.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-50

ESC-50

Edit Information

Edit Number	50	esc Number	50	NCPDP Code	
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Short Desc	Transportation Verification Form Not Attached				
Long Desc	Transportation verification form not attached.				
Edit Criteria	<p>For Provider Class Type 80:</p> <p>1) If the payment request was electronically submitted (media code = 7) and the procedure code = Y0113,Y0114,Y0115,Y0118,Y0119,Y0121,A0430,A0431 or A0999</p> <p>2) If the from date of service is > 10/31/93, and the attachment indicator = N, and one of the following conditions exists:</p> <p>(a) the provider type = 80 and the procedure code is not = Y0109, Y0110, Y0111, Y0112, Y0113, Y0114, Y0115, Y0118, Y0119, Y0121 OR</p> <p>(b) the provider type = 81, set the edit.</p> <p>See value set, PROCEDURES ALLWD FOR E0050.</p> <p>See value set, PROCEDURES WITH ATTMT FOR E50.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	

Physician		Personal Care		Laboratory	
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		OFF	
		OFF	
EMC		OFF	
		OFF	
Adjustment		OFF	
		OFF	
POS		PAY	
Encounter		0	
Special Batch		OFF	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-51

ESC-51

Edit Information

Edit Number	51	esc Number	51	NCPDP Code	
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Short Desc	Invalid Co-Insurance Amount				
Long Desc	The co-insurance amount is invalid.				
Edit Criteria	<p>If the co-insurance amount entered on the payment request is not numeric, set the edit.</p> <p>For Medicare A payment requests with provider type = 10 and from DOS year >= 01/01/1995 and <= 06/01/1996, if the calculated co-insurance amount (the UVS times the corresponding annual Medicare rate) does not = the co-insurance amount entered on the payment request, set the edit.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-52

ESC-52

Edit Information

Edit Number	52	esc Number	52	NCPDP Code	
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Short Desc	Emerg Proc Requires Diagnosis				
Long Desc	Emergency Procedure Requires Diagnosis				
Edit Criteria	If there are no diagnoses on the payment request and the procedure code is 99281-99285 (emergency room), set the edit. See value set, PROC-EMERGENCY.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		PEND	

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-53

ESC-53

Edit Information

Edit Number	53	esc Number	53	NCPDP Code	
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Short Desc	Invalid Date of First Service				
Long Desc	Date of first service is invalid				
Edit Criteria	For Personal Care (Claim Type 04), if the date of first service is not numeric or is not a valid calendar date, set the edit. For Personal Care claims, the date of first service is D_ILLNESS on CP_MED_CLM.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	v	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care	Y	Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-54

ESC-54

Edit Information

Edit Number	54	esc Number	54	NCPDP Code	
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Short Desc	Invalid Procedure Date
Long Desc	Principal procedure date is invalid or is outside dates of service billed.
Edit Criteria	<p>For Inpatient (Claim Type 01) and Outpatient (Claim Type 03) payment requests, if the principal procedure date is invalid or missing, or the principal procedure date is < the admission date or the principal procedure date is > the thru date, set the edit. However, if the provider type = 01 (Hospital), 14 (Rehab Hospital), 85 (Out of State Rehab), or 91 (Out of State Hospital), the principal procedure date can be 1 day prior to the admission date on the payment request.</p> <p>If statement covers period from date is equal to the statement covers period through date, move the from date to the principal procedure date.</p> <p>See value set, PROV TYPES HOSP REHAB.</p>

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-55

ESC-55

Edit Information

Edit Number	55	esc Number	55	NCPDP Code	
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Short Desc	Type of Bill Missing or Invalid
Long Desc	The type of bill is missing or invalid.
Edit Criteria	<p>For non-encounters (ICN media other than 9), Medicaid/FAMIS Inpatient (Claim Type 01) and the provider type not = 01, 14, 46, 85, 91, and 77:</p> <ul style="list-style-type: none"> - Admit Date < 3/1/06 - if the bill type is not = 111, 117, 118, set the edit. - Admit Date > 2/28/06 - if the bill type is not = 111 - 114, 117, 118, set the edit. <p>See value set, INPAT BILL TYPES - E0055. See value set, MED INPT BILL TYPE RNG 2 E0055. See value set, INPAT PROV TYPE - E0055.</p> <p>For non-encounters (ICN media other than 9), Medicaid/FAMIS Inpatient (Claim Type 01) and the provider type = 77:</p> <ul style="list-style-type: none"> - Admit Date < 3/1/06 - if the bill type is not = 861, 867, 868, set the edit. - Admit Date > 2/28/06 - if the bill type is not = 861 - 864, 867, 868, set the edit. <p>See value set, MED INPT BILL TYPE RNG3 E0055 See value set, MED INPT BILL TYPE RNG3X E0055 See value set, INPAT PROV TYPE - E0055 # 2</p> <p>For non-encounters (ICN media other than 9), Medicaid/FAMIS Inpatient (Claim Type 01) and the provider type = 46: if the bill type is not = 811, 817, 818, 821, 827, 828 set the edit.</p> <ul style="list-style-type: none"> - Admit Date < 3/1/06 - if the bill type is not = 811, 817, 818, 821, 827, 828, set the edit. - Admit Date > 2/28/06 - if the bill type is not = 811- 814, 817, 818, 821 - 824, 827, 828, set the edit. <p>See value set, MED INPT BILL TYPE RNG4 E0055 See value set, MED INPT BILL TYPE RNG4X E0055 See value set, PROV TYPES HOSPICE PRICING</p> <p>For non-encounters (ICN media other than 9), Medicaid/FAMIS Inpatient (Claim Type 01) and the provider type = 01, 14, 85, and 91, if the bill type is not = 111- 114, 117, 118, set the edit. See value set, INPAT PROV TYPE - E0055.</p>

	<p>See value set, MED INPT BILL TYPE RNG 2 E0055.</p> <p>For Encounters (ICN media = 9) and Claim Type 01, if bill types not 111 - 114, 117, 118, 211, 217, and 218, set the edit. See value set, ENCNR BILL TYPES - E0055.</p> <p>For Medicaid/FAMIS Outpatient (Claim Type 03) and the provider type = 19 (CORF) or 57 (Rehab Agency), if the bill type is not = 741, 747, 748, set the edit. See value set, CORF AND REHAB BILL TYPES 0055 See value set, CORF AND REHAB PROV TYPES 0208</p> <p>For Medicaid/FAMIS Outpatient (Claim Type 03) and the provider type = 46 (Hospice), if the bill type is not = 831, 837, or 838, set the edit. See value set, HOSPICE OTPAT BILL TYPES E0055 See value set, PROV TYPES HOSPICE PRICING</p> <p>For Medicaid/FAMIS Outpatient (Claim Type 03) and provider type not = 19, 46, 57, if The From Date of Service is < 01/01/2014 (HOMEHLTOUT - Sys Parm) and provider type is 058, 059, or 094 and the type of bill is not = 131, 137, 138, 333, 337, 338, set the edit. See value set, HM-HLT PROVIDER TYPE 0179 See value set, MED OTPAT BILL TYPES 0297</p> <p>If the From Date of Service is > 01/01/2014 (HOMEHLTOUT - Sys Parm) and provider type is 058, 059, or 094 and the type of bill is not = 131, 137, 138, 341, 347, 348, set the edit. See value set, HM-HLT PROVIDER TYPE 0179 See value set, MED OTPAT BILL TYPES 1297</p> <p>For ICF (Claim Type 10): - Admit Date < 3/1/06 - if the bill type is not = 651, 657, 658, set the edit. - Admit Date > 2/28/06 - if the bill type is not = 651 - 654, 657, 658, set the edit. See value set, EDIT 0055 ICF BILL TYPES. See value set, EDIT 0055 ICF X BILL TYPES.</p> <p>For SNF (Claim Type 02): - Admit Date < 3/1/06 - if the bill type is not = 211, 217, 218, set the edit. - Admit Date > 2/28/06 - if the bill type is not = 211 - 214, 217, 218, set the edit. See value set, EDIT 0055 SNF BILL TYPES. See value set, EDIT 0055 SNF X BILL TYPES.</p> <p>For SLH Inpatient (Claim Type 01), if the type of bill is not = 111-114, 117, or 118, set the edit.</p>
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	<p>See value set, SLH INPAT BILL TYPES - E0055.</p> <p>For SLH Outpatient (Claim Type 03), if the type of bill is not = 131, 137, or 138, set the edit.</p> <p>See value set, SLH IN-OUT PAT BILL TYPES 0055.</p> <p>For TDO Inpatient (Claim Type 01):</p> <ul style="list-style-type: none"> - Admit Date < 3/1/06 - if the bill type is not = 111, 117, 118, set the edit. - Admit Date > 2/28/06 - if the bill type is not = 111 - 114, 117, 118, set the edit. <p>See value set, INPAT BILL TYPES - E0055.</p> <p>See value set, MED INPT BILL TYPE RNG 2 E0055</p> <p>For TDO Outpatient (Claim Type 03), if the type of bill is not = 131, 137, or 138, set the edit.</p> <p>See value set, TDO OTPAT BILL TYPES - E0055.</p> <p>For Claim Type 9, if the 3rd digit of the bill type is not 1 thru 4 or 7 or 8 or F thru P, then set the edit.</p> <p>See value set, XOVA VALID 3RD DIGIT BILL TYPE.</p> <p>For Claim Type 9, if the provider type is 001, 014, 085 or 091, if the bill type is not 111 - 114, 117 - 118 or 11F - 11P, then set the edit.</p> <p>See value set, XOVA DRG BILL TYPES 0055.</p> <p>Adjustments and voids for all media have been turned off (07/9/2012)</p>
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General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-56

ESC-56

Edit Information

Edit Number	56	esc Number	56	NCPDP Code	16
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Short Desc	Prescription Number Missing				
Long Desc	Prescription number is Missing				
Edit Criteria	If the prescription number is not present on the payment request or not > 0, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority	1	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy	Y	Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		6	
Special Batch			
PA			

Programs

Program	Program Title
VPT99VOD	Reversal Process for Voided and Rebilled Transactions

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-57

ESC-57

Edit Information

Edit Number	57	esc Number	57	NCPDP Code	17
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Short Desc	Refill Indicator is Invalid				
Long Desc	Refill Indicator is Invalid				
Edit Criteria	If the refill indicator is not numeric (00 thru 99), set the edit. If non-numeric data is received, the refill indicator will be defaulted to 99 on the database.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	Y
Type	Z	Priority	1	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy	Y	Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		2	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-58

ESC-58

Edit Information

Edit Number	58	esc Number	58	NCPDP Code	
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Short Desc	Invalid Operating Physician Number				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-59

ESC-59

Edit Information

Edit Number	59	esc Number	59	NCPDP Code	
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Short Desc	Maximum Units/Visits/Studies Exceeded
Long Desc	The maximum units/visits/studies are exceeded
Edit Criteria	<p>For Home Health (Claim Type 03, bill types 333, 337, 338) payment requests, if the visits entered on each revenue line are greater than the Medical and Administrative Codes Database maximum allowed, set the edit. The disposition for Claim Type 03 is NONC which means the revenue amount will be noncovered.</p> <p>For Practitioner (Claim Type 05) payment requests: If the units = 0, set to 1. (1) If the type of service = 4 or 7 (anesthesia) and the units on the payment request are greater than 60, set the edit.</p> <p>For SLH practitioner payment requests, if the units are greater than (thru date minus from date plus 1) and the provider type is not = 51, set the edit.</p> <p>As of June 3rd, 2013, this edit is bypassed if the procedure code is found on the RF_MUE_EDIT_BYPASS table, and the claim type is found in the NCCI Claim Type value set.</p> <p>See value set, CATG-SERV1. See Value Set "NCCI INTERNAL BYPASS CLM TYPES" for claim types.</p>

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health	Y	Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	200	PEND	
		DENY	
EMC	200	PEND	
		DENY	
Adjustment	200	PEND	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 310. Home Health has a NONC disposition.

Resolution

All Claim Types:

1. Check for keying/scanning errors.

If errors are found in unprotected fields, correct the field entry.

If errors are found in protected fields, deny the pending payment request using code 0098 and dis-

position indicator D.

2. Check Provider Type field. If Provider Type is 85 or 91 (out-of-state hospital), repend to DMAS LOC 333.

3. Check attachment/remarks for justification of additional units/visits/studies.

If no justification is found, deny using code 0059 and disposition indicator D.

If modifier 50 is indicated or attachment/remarks indicate bilateral procedure, override using code 0059 and disposition indicator O.

If surgery and justification is provided, repend to location 321 (Medical Consultant)

Edit/Audit Inquiry Results Edit-60

ESC-60

Edit Information

Edit Number	60	esc Number	60	NCPDP Code	
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Short Desc	Error in 24E, Refer to Item 21				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS, since diagnosis code is not required on HCFA-1500.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-61

ESC-61

Edit Information

Edit Number	61	esc Number	61	NCPDP Code	
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Short Desc	Improper Claim Form				
Long Desc	Improper Claim Form				
Edit Criteria	This edit is set for crossover part A claims submitted on the DMAS proprietary paper form. Part A and outpatient crossover claims must be submitted on UB92 forms beginning December 1, 2003.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	S	Effective Date	1/1/1990	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC			
Adjustment		DENY	
		DENY	
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-62

ESC-62

Edit Information

Edit Number	62	esc Number	62	NCPDP Code	
-------------	----	------------	----	------------	--

Short Desc	Invalid City/County Code				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-63

ESC-63

Edit Information

Edit Number	63	esc Number	63	NCPDP Code	
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Short Desc	Invalid Emergency Code				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS, since emergency code defaults if not entered.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-64

ESC-64

Edit Information

Edit Number	64	esc Number	64	NCPDP Code	
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Short Desc	Exceeds Preauthorized Hours				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS. It is replaced by edit 0162.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-65

ESC-65

Edit Information

Edit Number	65	esc Number	65	NCPDP Code	
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Short Desc	Invalid Number of Passengers				
Long Desc	The number of passengers is invalid.				
Edit Criteria	There must be at least one passenger. If there is not at least 1 passenger, and it is not a wheelchair van (identified by procedure codes Y0113, Y0114), default number to one. If it is a wheelchair van and the number of passengers is not numeric or greater than 0, set the edit. See value set, PROC-WHEELCHAIR.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-66

ESC-66

Edit Information

Edit Number	66	esc Number	66	NCPDP Code	
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Short Desc	Invalid Wait Time				
Long Desc	The wait time on the payment request is invalid.				
Edit Criteria	This edit is deleted. If the wait time is not numeric, set the edit. Space is defaulted to 0, and the edit is bypassed. No wait time is paid if the edit is set.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-67

ESC-67

Edit Information

Edit Number	67	esc Number	67	NCPDP Code	
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Short Desc	Trailer Indicator Missing or Invalid				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-68

ESC-68

Edit Information

Edit Number	68	esc Number	68	NCPDP Code	
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Short Desc	Trailer Record Missing or Invalid				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
-------	--	-----	--	------	--

Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-69

ESC-69

Edit Information

Edit Number	69	esc Number	69	NCPDP Code	
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Short Desc	Service Center Number Invalid				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
-------	--	-----	--	------	--

Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-70

ESC-70

Edit Information

Edit Number	70	esc Number	70	NCPDP Code	
-------------	----	------------	----	------------	--

Short Desc	Invalid Non-Covered Charges				
Long Desc	The non-covered charges are invalid.				
Edit Criteria	If the non-covered charges field is not numeric, set the edit. If the field is blank, zeroes is filled in, and the edit is not set.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-71

ESC-71

Edit Information

Edit Number	71	esc Number	71	NCPDP Code	
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Short Desc	Invalid Void/Adjustment Reason Code				
Long Desc	The adjustment or void reason code is invalid.				
Edit Criteria	<p>If the adjustment reason or void reason is not valid, set the edit.</p> <p>To determine if the reason is valid, read the FN_ADJMT_RSN_R and FN_ADJMT_RSN_ACT_R tables using the payment request's reason code and the processing date, checking that C_USER_IND_CVAL (DE 9990) = 'P' or 'B' if the payment request is submitted in the batch mode or is = 'D' or 'B' if submitted in the online mode for mass/individual adjustments, and that C_ADJMT_ACTN (DE 9858) = 'A' if the Claim Type modifier is 2 (adjustment) or = 'V' if the Claim Type modifier is 4 (void). If no entry is found, set the edit.</p> <p>This edit is for HCFA-1500 and UB92 payment requests.</p> <p>UBs and Xovers do not require a reason code: if none is entered, default to 1052 if a void and 1053 if an adjustment. If a reason code is entered, verify as described above.</p> <p>Bypass setting Edit 0071 if SERVICE CENTER (DE# 4082) is equal to '1100' (HMS), CLAIM ADJUSTMENT REASON (DE# 2033) is equal to '8501', and CLAIM TYPE MODIFIER (DE# 2003) is equal to '2'.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments	Y		

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA010	CMS-1500 Edits HCFA-1500 Edits
CPA012	UB92 Edits
CPA016	Crossover Edits
CPA014	ADA Edits

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 310. Pend for Cap-

itation, Management, Admin Fees, and Assessments. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

(None)

Edit/Audit Inquiry Results Edit-72

ESC-72

Edit Information

Edit Number	72	esc Number	72	NCPDP Code	
-------------	----	------------	----	------------	--

Short Desc	Resubmit with Pkg Insert and/or Label				
Long Desc	Resubmit with Pkg Insert and/or Label				
Edit Criteria	This edit is no longer valid and is not included in the new MMIS. This edit was not found in code, not gone over in Drug, not gone over in PP03 meetings and is being deleted.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-73

ESC-73

Edit Information

Edit Number	73	esc Number	73	NCPDP Code	
-------------	----	------------	----	------------	--

Short Desc	Resubmit w/ Copy of Supplier's/Purchase Invoice				
Long Desc	Resubmit w/ Copy of Supplier's/Purchase Invoice				
Edit Criteria	This edit is used by Pend Resolution when resolving complex medical payment requests or payment requests for unlisted procedure codes billed for supplies used in a physician's office.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		EOB	
		EOB	
EMC		EOB	
		EOB	
Adjustment		EOB	
		EOB	
POS		EOB	
Encounter		0	
Special Batch		EOB	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-74

ESC-74

Edit Information

Edit Number	74	esc Number	74	NCPDP Code	
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Short Desc	Unable to Process with Payer Name Specified				
Long Desc	The payer name is invalid or missing				
Edit Criteria	<p>This edit is deleted.</p> <p>If a payment request is paper submitted, and the payer indicator is not = A, B, or C, set the edit.</p> <p>If a payment request is electronically submitted, and the payer indicator is not = A, set the edit.</p> <p>Current edits 0074 and 0086 are combined here.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-75

ESC-75

Edit Information

Edit Number	75	esc Number	75	NCPDP Code	
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Short Desc	Adjustment Rejected, Original Payment Request Not on File				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS, because of edit 0396.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
-------	-----	------	--

Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-76

ESC-76

Edit Information

Edit Number	76	esc Number	76	NCPDP Code	
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Short Desc	Void Rejected - Original Payment Request Not on File				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS, because of edit 397.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
-------	-----	------	--

Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-77

ESC-77

Edit Information

Edit Number	77	esc Number	77	NCPDP Code	
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Short Desc	Adj Denied - Orig Payment Request Adjusted/Voided				
Long Desc	Adjustment Denied - Original Payment Request Already Adjusted/Voided				
Edit Criteria	If an adjustment request is submitted and the payment request to be adjusted has been previously adjusted or voided, set the edit.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	J	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments	Y		

Claim Type

Dental	Y	Pharmacy		Inpatient	v
Nursing	Y	Home Health	Y	Outpatient	v
Physician	v	Personal Care	Y	Laboratory	v
Transportation	Y	Xover A	Y	Xover B	v
Cap Pay	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA020	Adjustment Edits

Exceptions

Pend for Capitation, Management, Admin Fees, and Assessments. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

(None)

Edit/Audit Inquiry Results Edit-78

ESC-78

Edit Information

Edit Number	78	esc Number	78	NCPDP Code	87
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Short Desc	Void Denied - Orig Payment Request Voided/Adjusted				
Long Desc	Void Denied - Original Payment Already Voided/Adjusted				
Edit Criteria	If a void request is submitted and the payment request to be voided has been voided or adjusted previously, set the edit.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	J	Priority	7	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments	Y		

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
-------	-----	------	--

Paper			
EMC			
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
VPT99VOD	Reversal Process for Voided and Rebilled Transactions
CPA020	Adjustment Edits

Exceptions

Pend for Capitation, Management, Admin Fees, and Assessments. For pharmacy claims, this edit will not be set since the claim will not be found on the original selection. As of July 1st, 2005, dental encounter severity is changed to 8. As of November 2, 2005, the date type has been changed from S to R for CT modifier 4, media paper - all Programs.

Resolution

(None)

Edit/Audit Inquiry Results Edit-79

ESC-79

Edit Information

Edit Number	79	esc Number	79	NCPDP Code	
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Short Desc	Lenses/Frames Require Lab Invoice Attached				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
-------	--	-----	--	------	--

Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-80

ESC-80

Edit Information

Edit Number	80	esc Number	80	NCPDP Code	
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Short Desc	No EPSDT Agreement on Provider File				
Long Desc	There is no EPSDT agreement on the provider file.				
Edit Criteria	<p>This edit is deleted from the new MMIS since it was valid for Claim Type 12 in the old MMIS.</p> <p>The edit reads: For provider types 20, 23, 24, 52, and 53 (physician, nurse practitioner, psychologist, qualifying health center and rural health), if the Provider File restriction code does not equal 'S' (EPSDT), set the edit.</p> <p>If the from date of service is a valid date, and the Provider File restriction date is greater than the from date of service of the payment request, set the edit.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-81

ESC-81

Edit Information

Edit Number	81	esc Number	81	NCPDP Code	
-------------	----	------------	----	------------	--

Short Desc	Enrollee Not Eligible for Waiver Benefits on DOS				
Long Desc	Enrollee not eligible for waiver benefits on DOS				
Edit Criteria	<p>This edit was turned off on 4/1/2005.</p> <p>If payment request is for waiver services and the enrollee's level of care does not indicate waiver eligibility on the dates of service, set the edit.</p> <p>In other words, if the procedure code is a MR Waiver procedure (see value set MR Waiver Procedures) AND the enrollee's exception indicator is not = A, E, 9, R, S and Y, set the edit.</p> <p>Also, if the provider type = 047, 048, 063, or 073, the procedure code flag is not G, CM, SA, or FA, and the enrollee's exception indicator is not A, E, 9, R, Y, S or Q, set the edit.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	

Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-82

ESC-82

Edit Information

Edit Number	82	esc Number	82	NCPDP Code	
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Short Desc	From/Thru Dates Must be in Same Month/Year				
Long Desc	Only one month of charges may be submitted on one payment request form .				
Edit Criteria	<p>The edit is for</p> <p>(1) Nursing Home (Claim Type 02, 10),</p> <p>(2) Inpatient (Claim Type 01) if the provider types are not = 01 (Hospital), 08 (State MH), 09 (Med-Surg-MR), 13 (Long Stay IP MR), and 91 (Out of State Hospital),</p> <p>(3) Outpatient (Claim Type 03) if provider type is 46 (Hospice)</p> <p>(4) Personal Care (Claim Type 04, provider type 55), and</p> <p>(5) Practitioner (Claim Type 05) with provider types 31 (Optometrist), 32 (Optician), 46 (Hospice), 64 (Prosthetic), 47 (Respite Care), 48 (Adult Day Care), 63 (Private Duty Nursing), 73 (Case Mgmt Waivers), and 106 (Transition Coordinator).</p> <p>The edit should be set if the from year does not equal the thru year or the from month does not equal the thru month.</p> <p>Bypass this edit for Claim Type 01, provider types 01, 14, 85, and 91 if the admission date is after 12/31/1999.</p> <p>Set the edit for Claim Type 01, provider types 14 and 85 if the claim revenue code is in Value Set EPSDT SPECIALIZED SERVICES and there is an associated PA with Service Type 0099 for the same revenue code.</p> <p>This edit includes the current edit 0455.</p> <p>See value set, BYPASS PROV TYPES FOR CT-01 82.</p> <p>See value set, PROV TYPES FOR CT-05 - E0082.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
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PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health		Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-83

ESC-83

Edit Information

Edit Number	83	esc Number	83	NCPDP Code	
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Short Desc	Fractional Hours Not Accepted				
Long Desc	Fractional Hours Not Accepted				
Edit Criteria	This edit is being deleted. Fractional hours are not keyed. For Personal Care (Claim Type 04), if the hours on the payment request are not numeric and greater than 0, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-84

ESC-84

Edit Information

Edit Number	84	esc Number	84	NCPDP Code	
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Short Desc	Neonatal Days Exceed Adult Days				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-85

ESC-85

Edit Information

Edit Number	85	esc Number	85	NCPDP Code	
-------------	----	------------	----	------------	--

Short Desc	Admit Source Code Missing/Invalid				
Long Desc	The admit source code is missing or invalid.				
Edit Criteria	For inpatient payment requests, if the source of admission code is missing or not valid, set the edit. Valid values include 1 through 9 and A - Z: 1 Physician Referral 2 Clinic Referral 3 HMO Referral 4 Transfer from a Hospital 5 Transfer from a Skilled Nursing Facility 6 Transfer from Another Health Care Facility 7 Emergency Room 8 Court/Law Enforcement 9 Information Not Available A Transfer from a Rural Hospital B-Z are for national assignment				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	

Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-86

ESC-86

Edit Information

Edit Number	86	esc Number	86	NCPDP Code	
-------------	----	------------	----	------------	--

Short Desc	Not a Medicaid Payment Request				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS. (It has been combined into edit 0074)				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-87

ESC-87

Edit Information

Edit Number	87	esc Number	87	NCPDP Code	
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Short Desc	Patient Pay Equals/Greater Than Charge				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS. See edit 0032.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-88

ESC-88

Edit Information

Edit Number	88	esc Number	88	NCPDP Code	
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Short Desc	Resubmit with Appropriate Number of Days				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-89

ESC-89

Edit Information

Edit Number	89	esc Number	89	NCPDP Code	40
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Short Desc	Service Center Not Authorized to Bill				
Long Desc	This service center is not authorized to bill Medicaid.				
Edit Criteria	<p>For electronically submitted payment requests, if the service center in the CP_PYMT_REQ_DOC AWA is not the same as the service center(s) on the PS_PROV_ECOMM_TYPE table, set the edit. That is, using the claim billing provider number, read the PS_PROV_ECOMM_TYPE table where C_ECOMM_CVAL = E and the ICN Julian date is within D_PROV_ECOMM_BEGIN and D_PROV_ECOMM_END to find the valid vendors for this provider. Also read table PS_VNDR_ECOMM_MODE for the above selected valid vendors to check value C_ECOMM_MODE_CVAL to be equal to '10' (HCFA, XOV), '11' (ADA), '12' (UB92,XOVA) and check ICN Julian date between D_ECOMM_MODE_BEGIN and D_ECOMM_MODE_END.</p> <p>If the service center on the claim does not match one of these valid service centers on the PS_PROV_ECOMM_TYPE table or if valid service centers does not have corresponding C_ECOMM_MODE_CVAL on PS_VNDR_ECOMM_MODE, set the edit.</p> <p>Note: If a claim is submitted with an NPI, the match for servicing, referring or attending provider is done at the NPI level rather than the Provider Type/Location level.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority	3	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing	Y	Home Health	v	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

This edit was turned off for all Claim Types on 2/25/2004.
--

Resolution

(None)

Edit/Audit Inquiry Results Edit-90 ESC-90

Edit Information

Edit Number	90	esc Number	90	NCPDP Code	
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Short Desc	Fifteen Day Limit Exceeded				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-91

ESC-91

Edit Information

Edit Number	91	esc Number	91	NCPDP Code	
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Short Desc	Ten Day Limit Exceeded				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-92

ESC-92

Edit Information

Edit Number	92	esc Number	92	NCPDP Code	
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Short Desc	More Than 3 Days Grace Not Allowed				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-93

ESC-93

Edit Information

Edit Number	93	esc Number	93	NCPDP Code	
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Short Desc	Discharge Date More Than 1 Day After Certificate				
Long Desc					
Edit Criteria	This edit is not found in the current MMIS and is deleted.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-94

ESC-94

Edit Information

Edit Number	94	esc Number	94	NCPDP Code	
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Short Desc	Notification Date Invalid				
Long Desc					
Edit Criteria	This edit is not found in the current MMIS and is deleted.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-95 ESC-95

Edit Information

Edit Number	95	esc Number	95	NCPDP Code	
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Short Desc	Service Thru Date Not Certified				
Long Desc					
Edit Criteria	This edit is not found in the current MMIS and is deleted.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-96

ESC-96

Edit Information

Edit Number	96	esc Number	96	NCPDP Code	
-------------	----	------------	----	------------	--

Short Desc	Service From Date Not Certified				
Long Desc					
Edit Criteria	This edit is not found in the current MMIS and is deleted.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
-------	--	-----	--	------	--

Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-97 ESC-97

Edit Information

Edit Number	97	esc Number	97	NCPDP Code	
-------------	----	------------	----	------------	--

Short Desc	Certification Dates Invalid				
Long Desc					
Edit Criteria	This edit is not found in the current MMIS and is deleted.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
-------	--	-----	--	------	--

Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-98

ESC-98

Edit Information

Edit Number	98	esc Number	98	NCPDP Code	
-------------	----	------------	----	------------	--

Short Desc	Key Entry Error				
Long Desc	Data Keyed or Entered is in Error				
Edit Criteria	This edit is used by Pend Resolution to deny a claim that has data that was keyed or entered in error.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	I	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments	Y		

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
-------	-----	------	--

Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		8	
Special Batch		DENY	
PA			

Programs

(None)

Exceptions

Pend for Capitation, Management, Admin Fees, and Assessments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-99 ESC-99

Edit Information

Edit Number	99	esc Number	99	NCPDP Code	
-------------	----	------------	----	------------	--

Short Desc	Multiple Errors				
Long Desc	Multiple Errors				
Edit Criteria	This edit is deleted. This edit is used by Pend Resolution to deny a claim with multiple errors.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
-------	-----	------	--

Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-100

ESC-100

Edit Information

Edit Number	100	esc Number	100	NCPDP Code	
-------------	-----	------------	-----	------------	--

Short Desc	Invalid Mileage				
Long Desc	The mileage billed is invalid.				
Edit Criteria	<p>For Transportation, If the mileage billed is equal to space, zero, or is non-numeric, and the FDOS GTE 11/1/09 perform this edit only if procedure code is not a service code (See copybook SERVMILE A0426, A0427, A0428, A0429, A0433, A0434, A0225, A0430, A0431) and not A0999.</p> <p>For XOV B Transportation, if FDOS GTE 11/1/2009 perform this edit only the procedure code is not a service code (See copybook SERVMILE A0426, A0427, A0428, A0429, A0433, A0434, A0225, A0430, A0431) and not A0999, and the mileage billed is equal to space, zero, or is non-numeric.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation	Y	Xover A		Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA010	CMS-1500 Edits HCFA-1500 Edits
CPA016	Crossover Edits

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments. XOVB is set to DENY effective 10/1/09.

Resolution

(None)

Edit/Audit Inquiry Results Edit-101

ESC-101

Edit Information

Edit Number	101	esc Number	101	NCPDP Code	82
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Short Desc	Date of Service After Date Payment Request Received				
Long Desc	Date of Service after Date Payment Request received.				
Edit Criteria	If the from date of service is after the Julian date of the reference number, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-102 ESC-102

Edit Information

Edit Number	102	esc Number	102	Invalid Service/Modifier Combination – Out of State Telemedicine Provider	
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Short Desc	Invalid Service/Modifier Combination
Long Desc	Invalid Service/Modifier Combination for Out of State Telemedicine Provider
Edit Criteria	<p>For the Claim type: 05 – Professional</p> <p>For the following provider class types: 095 Out of State Physician</p> <p>For the following Primary or Secondary Specialty Codes: 127 Telemedicine</p> <p>RF_VALUE_SET '5064' OUT OF STATE TELEMEDICINE PROC value ranges: 10022 - 10022 19102 - 19103 19290 - 19290 19295 - 19295 20610 - 20610 37204 - 37206 47011 - 47011 49083 - 49083 57452 - 57461 59025 - 59025 70010 - 70559 71010 - 71555 72010 - 72295 73000 - 73225 73500 - 73725 74000 - 74190 74210 - 74262 74270 - 74363 74400 - 74485 74710 - 74775 75557 - 75574</p>

75600 - 75989
76000 - 76499
76506 - 76536
76604 - 76645
76700 - 76776
76800 - 76857
76870 - 76873
76881 - 76886
76930 - 76965
76970 - 76999
77001 - 77014
77021 - 77022
77031 - 77032
77051 - 77059
77072 - 77084
77261 - 77299
77300 - 77370
77399 - 77399
77401 - 77421
77427 - 77499
77520 - 77525
77600 - 77615
77620 - 77620
77750 - 77799
78012 - 78264
78270 - 78607
78610 - 78999
79005 - 79999
90791 - 90792
90832 - 90838
90846 - 90847
90853 - 90853
90863 - 90863
92227 - 92228
92601 - 92604
93000 - 93000
93010 - 93010
93306 - 93306
93307 - 93308
93320 - 93325
93970 - 93971
93975 - 93976
95974 - 95974
99201 - 99215
99221 - 99223
99231 - 99233
99304 - 99306
99307 - 99310

If the procedure code on the professional claim submitted by a PCT 095 with

	<p>primary or secondary specialty 127 is NOT part of value set 5064 OUT OF STATE TELEMEDICINE PROC in RF_VALUE_SET_RANGE table, then the edit 0102 is set.</p> <p>If procedure code is part of value set 5064 OUT OF STATE TELEMEDICINE PROC in RF_VALUE_SET_RANGE table and the procedure modifier is not GT or GQ, then the edit 0102 is set.</p> <p>See value set, 5064 OUT OF STATE TELEMEDICINE PROC</p> <p>See value set, PROCEDURE MODIFIER 1.</p> <p>See value set, PROCEDURE MODIFIER 2.</p> <p>See value set, PROCEDURE MODIFIER 3.</p>
--	---

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind		PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	100	PEND	
		DENY	
EMC	100	PEND	
		DENY	

Adjustment	100	PEND	
		DENY	
POS		PAY	
Encounter		4	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-103

ESC-103

Edit Information

Edit Number	103	esc Number	103	NCPDP Code	
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Short Desc	Admission Date After Date Received				
Long Desc	Admission date on payment request is later than date the payment request was received.				
Edit Criteria	If the admission date is greater than the Julian date of the reference number, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-104

ESC-104

Edit Information

Edit Number	104	esc Number	104	NCPDP Code	
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Short Desc	Thru DOS is After the Date Payment Request Received				
Long Desc	Thru dos is after the date payment request received.				
Edit Criteria	If the thru date of service is after the Julian date of the reference number, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-105

ESC-105

Edit Information

Edit Number	105	esc Number	105	NCPDP Code	
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Short Desc	Accommodation Charge Is Missing				
Long Desc	The accommodation charge is missing				
Edit Criteria	<p>For Inpatient (claim type 01 and 09) and Nursing Home (claim type 02, 10 and 09), if there is an accommodation code, but no charge, and the from date of service is not equal to thru date of service, set the edit.</p> <p>For SLH only: For Inpatient (claim type 01), if one of the following revenue codes is not on the payment request, set the edit. Valid revenue codes:</p> <p>0100 0101 0110 - 0114 0117 0119 0120 - 0124 0127 0129 0130 - 0134 0137 0139 0150 - 0154 0157 0159 - 0160 0164 0167 0169 - 0172 0175 0179 0200 - 0204 0206 - 0212 0214 0219</p>				

	See value set, SLH ACCOMMODATION CODES				
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General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-106

ESC-106

Edit Information

Edit Number	106	esc Number	106	NCPDP Code	
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Short Desc	Accommodation Code Is Missing				
Long Desc	The accommodation code is missing				
Edit Criteria	This edit is being deleted. Edit 035 will set instead.				
	For Inpatient, if there is no accommodation code and the from date is not equal to the thru date, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-107

ESC-107

Edit Information

Edit Number	107	esc Number	107	NCPDP Code	
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Short Desc	Surg Proc Code Omitted for O/R Chg
Long Desc	O/R billed and procedure code missing
Edit Criteria	<p>For Inpatient (claim type 01) and Outpatient (claim type 03) and XOVA (Claim type 09) payment requests, if the revenue code = 360 thru 369 (operating room charges), and there is not a valid procedure code present on the payment request, set the edit.</p> <p>For Encounters (ICN media = 9), include also revenue codes 420 - 449.</p> <p>The edit is bypassed if any of the diagnosis codes is in ICD-9 value set 232 (DIAG-CODE FOR E0107) or ICD-10 value set 20232 (ICD-10 DIAG CODE FOR EDIT 0107).</p> <p>The edit is also bypassed for Inpatient payment requests if the procedure date is one day prior to the from date of service if the type of bill is 111, 112, 113, 114, 117, or 118.</p> <p>With DRG implementation (after the new system live date) include bill types 111, 112, 113, and 114 for SLH.</p> <p>See value set, INPAT BILL TYPES - E0107.</p> <p>See value set, DIAG-CODE FOR E0107 (232) or ICD-10 DIAG CODE FOR EDIT 0107 (20232).</p> <p>See value set, OPER-CHARGES.</p>

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		6	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments. This edit was turned off for claim type 03 (outpatient) with an end date of 06/30/2006 for media = paper, EMC, mass or individual adjustments, and special batch.

Resolution

(None)

Edit/Audit Inquiry Results Edit-108

ESC-108

Edit Information

Edit Number	108	esc Number	108	NCPDP Code	
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Short Desc	Invalid Day of Year Patient Payment Begins				
Long Desc					
Edit Criteria	For claim types 02 and 10 (SNF and ICF), if the patient pay begin date is not numeric, set the edit. BUT prior to this edit, the patient pay begin date is set to zeros. This edit is deleted in new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-109

ESC-109

Edit Information

Edit Number	109	esc Number	109	NCPDP Code	
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Short Desc	Diagnosis Code Does Not Agree with Sex Code				
Long Desc	The diagnosis given is not compatible with the enrollee's sex.				
Edit Criteria	If the diagnosis is entered, and the sex restriction on the Diagnosis File does not match the sex of the enrollee, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health	Y	Outpatient	Y
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-110

ESC-110

Edit Information

Edit Number	110	esc Number	110	NCPDP Code	
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Short Desc	Diagnosis Code Does Not Agree with Age
Long Desc	The diagnosis given is not compatible with the enrollee's age.
Edit Criteria	<p>If the diagnosis is entered, and the age restriction on the Diagnosis File does not match the age of the enrollee, set the edit.</p> <p>For claim type 02 and 10, if the diagnosis is in the ICD-9 value set 116 (EDIT 0110/0110) or the ICD-10 value set 20116 (ICD-10 EDIT 0110/0110), and the enrollee's age is not greater than 11 and less than or equal to 55, set the edit.</p> <p>See value sets, Edit 0110/0110 (ICD-9) and ICD-10 EDIT 0110/0110 (ICD-10)</p>

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority	7	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-111

ESC-111

Edit Information

Edit Number	111	esc Number	111	NCPDP Code	
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Short Desc	From Service Date After Thru Date				
Long Desc	The 'from' date of service is after the 'thru' date of service.				
Edit Criteria	If the from date of service is after the thru date of service, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments	Y		

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				Y

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

Pend for Capitation, Management, Admin Fees, and Assessments. The attachment and no-attachment disposition is always set to DENY for EMC adjustments. The no-attachment disposition is set to

Resolution

(None)

Edit/Audit Inquiry Results Edit-112

ESC-112

Edit Information

Edit Number	112	esc Number	112	NCPDP Code	
-------------	-----	------------	-----	------------	--

Short Desc	Admit Date After the From Date of Service				
Long Desc	The admit date is after the statement period 'from' date.				
Edit Criteria	If the admission date is after the from date of service, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 310.

Resolution

(None)

Edit/Audit Inquiry Results Edit-113

ESC-113

Edit Information

Edit Number	113	esc Number	113	NCPDP Code	
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Short Desc	ICD9-CM Procedure/Sex Restriction
Long Desc	ICD9-CM Procedure/Sex Restriction
Edit Criteria	If the sex restriction for the ICD procedure code on the Medical and Administrative Codes Database File does not match the enrollee's sex, set the edit. This edit reason resides on the Medical and Administrative Codes Database File as the sex restriction reason code.

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-114

ESC-114

Edit Information

Edit Number	114	esc Number	114	NCPDP Code	
-------------	-----	------------	-----	------------	--

Short Desc	Proc Code Conflicts with Enrollee Age				
Long Desc	Proc Code Conflicts with Enrollee Age				
Edit Criteria	Deleted per DMAS This edit was not found in program logic or on Medical and Administrative Codes Database File. The following "age" edits were found on the Medical and Administrative Codes Database File: 211, 212, 207, 307, 311, 312, 389, 456, 305, 474, 306, 309, 370, 246, 220, 216, 249. Can these be combined into one 'age' edit?				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-115

ESC-115

Edit Information

Edit Number	115	esc Number	115	NCPDP Code	
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Short Desc	Other Insurance Check Medical Resource				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-116

ESC-116

Edit Information

Edit Number	116	esc Number	116	NCPDP Code	25
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Short Desc	Invalid/Missing Prescribing Physician Number
Long Desc	Invalid/Missing Prescribing Physician Number
Edit Criteria	<p>If the prescribing physician number is missing or an invalid number (9-digit numeric), set this edit.</p> <p>For NPI Compliance: If NPI prescriber number submitted not numeric, set edit Prescriber Qualifier can only be '01' or '05' – if other qualifier is found set edit. After NPI compliance date - Prescriber Qualifier must be '01' – if other qualifier found set edit. If an NPI prescriber was not found on VAMMIS tables and has an invalid check-digit, set edit.</p>

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy	Y	Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		4	
Special Batch			
PA			

Programs

Program	Program Title
VPTM1PRV	POS Pharmacy Claims Provider Edits Process
VPT99GEN	General Edits of Pharmacy Claims

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-117

ESC-117

Edit Information

Edit Number	117	esc Number	117	NCPDP Code	
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Short Desc	Invalid Service/Modifier Combination
Long Desc	The modifier used is not compatible with the service billed.
Edit Criteria	<p>For the following provider class types:</p> <ul style="list-style-type: none"> 20 Physician 51 Health Dept Clinic 52 Federally Qualified Health Center 53 Rural Health Clinic 56 Mental Health Rehab Services 73 Case Management 95 Out of State Physician 103 Substance Abuse Practitioner <p>If procedure code is H0035, one of the modifiers must be HA, HB, or HC; If not, set the edit.</p> <p>If the procedure code is H0006, H0020, H0047, H0050 or H2016 and the enrollee is not in Medicaid (Benefit Program 01), set the edit.</p> <p>The procedure code on the claim should have the appropriate modifiers as listed below:</p> <ul style="list-style-type: none"> - If the procedure code is H0006, one of the modifiers must be HO or HP. If not, set the edit. - If the procedure code is H0020, one of the modifiers must be HM, HN, HO or HP. If not, set the edit. - If the procedure code is H0047, one of the modifiers must be HM, HN, HO or HP. If not, set the edit. - If the procedure code is H0050, one of the modifiers must be HO, HQ or HP. If not, set the edit. - If the procedure code is H2016, one of the modifiers must be HM, HN, HO or HP. If not, set the edit. <p>If the provider type is 51 (Health Department Clinic), and the procedure code is in the value set FAMILY PLANNING CODE U2-PCT 51, one of the procedure modifiers must be U2; if not, set the edit.</p>

For a Substance Abuse Practitioner, the procedure code must be
(a) 90801 or 90802 OR
(b) 90804 – 90809, 90812 – 90815, 90846 – 90847, 90853 or 90857 and the procedure modifier must be HF (Substance Abuse). If not, set the edit.

If procedure code is 99569 or S5035, one of the procedure modifiers must be UE; if not, set the edit.

If the modifier is HF (substance abuse) and the enrollee is in either Medicaid (Benefit Program 01) or FAMIS (Benefit Program 07), bypass the edit.

If the procedure code is H0015 or H0018, one of the modifiers must be 'HD'; if not, set the edit.

If provider type is not 095 and any modifier is GT or GQ, procedure code must be one of those listed in Value Set 'Tele Medicine Procedure Codes'; if not, set the edit.

If any procedure code, other than one of the those listed in the Value Set 'Bilateral Procedure Codes', is entered with the bilateral modifier of 50, set the edit:

For Claims with DOS as of 7/1/2008, if the procedure code is H2020 or H2022, one of the modifiers must be HW or HK on the claim, else set this edit.

Effective 8/1/2009, if the procedure code is H0032, one of the procedure modifiers must be U6, U7, U8, U9, or UA else set this edit.

If the procedure code is H0032 and one of the procedure modifiers is U6, U7, or U9, the provider type must be 056 and one of the provider's specialties must be 042 or 045, else set this edit.

NOTE:

If a procedure code is NOT a CPT Professional Component (59020-59025, 70000-89999, 91000-91299, 92541-92599, 92950-92984, 93000-93999, 94010-94799, 95000-95999) and any procedure modifier is 26, 52, or TC, move space to the appropriate modifier.

If the procedure code is greater than 89999, and any procedure modifier is anything other than 01-18(until 12/31/2003), 22, 23-25, 47, 50, 51, 62, 66, 76-79, 99, H, K, Q, R, S, T, U, W, Y, Z, HF, UE, U1, U2, U3, U4, U5, FP, GT, AV, NU, S2, ST, SG move space to the appropriate procedure modifier.

If the procedure code is not 70000-79999 and any procedure code modifier is TC, move spaces to the appropriate procedure code modifier.

If the procedure code is 70000-89999 and any procedure code modifier is 80, 81, 82

	<p>or 54-56, 75, move 26 to the appropriate procedure code modifier.</p> <p>For claim type '09' and Part B, if Procedure Modifiers are in Value Set 'Valid COBA Procedure Modifiers', carry valid Procedure Modifiers forward; otherwise move spaces to the Procedure Modifier.</p> <p>See value set, NOT A CPT PROFESSIONAL COMPONT. See value set, PROCEDURE MODIFIER 1. See value set, PROCEDURE MODIFIER 2. See value set, PROCEDURE MODIFIER 3.</p> <p>Any non-encounter or non-Magellan (Service Vendor 1077) claim for a non-GAP member (Aid Category 087) with Procedure code H0023 with procedure modifier UB or UC will be set with edit 117.</p>
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General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper	100	PEND	
		DENY	
EMC	100	PEND	
		DENY	
Adjustment	100	PEND	
		DENY	
POS		PAY	
Encounter		4	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All TDO HCFA claim types will pend to LOC 319. All SLH HCFA claim types will pend to LOC 310.

Resolution

All Claim Types:

Check for keying/scanning errors in modifier field and procedure field. The system automatically drops several modifiers or adds modifier '26' when certain codes are billed, per edit criteria noted above. If a modifier is on the claim form but not on the pend screen, leave blank. Do not add the modifier to the modifier field. If the modifier '26' is on the pend screen but not the claim form, do not change. (added 5/28/09)

1. If there is a keying error in the modifier field, correct the modifier and release the claim. (see comment above regarding the modifiers – added 5/28/09)
2. If there is a keying error in the procedure code field, deny the pending payment request using code 0098 and disposition indicator D.
3. If modifier 50 is billed appropriately, override with code 0117 and Disposition Indicator O.
4. If modifier 50 is billed inappropriately, enter code 0117 and disposition indicator D in the Reso Ind field.
- 5 If justification is attached, transfer to 321 with remark "Edit 117 review" (updated 10/2012)
6. If there are no keying errors or justification is not attached, enter code 0117 and disposition indicator D in the Reso Ind field.

Edit/Audit Inquiry Results Edit-118

ESC-118

Edit Information

Edit Number	118	esc Number	118	NCPDP Code	
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Short Desc	Recipient Age 21-64 Not Covered in IMD				
Long Desc	Recipient Age 21-64 Not Covered in IMD				
Edit Criteria	<p>If claim type 02 or 10 (Nursing Home) and the provider class type is 02, 05, 06, 07, 08, 12, or 16 (mental health clinics) and the enrollee's age is less than 65, set the edit.</p> <p>If claim type 01 or 03 (Inpatient/Outpatient) and the provider class type is 02, 05, 06, 12, or 16 (tuberculosis or mental health) and the enrollee's age is less than 65, set the edit.</p> <p>If claim type 09 (Title 18), if the provider = 4901045 (NPI: 1174630081) or 4901096 and the procedure code = 90801 thru 90899 and the enrollee's age is = 21 thru 64, set the edit.</p> <p>If claim type 09 (Title 18), if the provider is not = 4901045 (NPI: 1174630081) and the provider type = 002, 005, 006, 007, 012, or 016 and the enrollee's age is < 65, set the edit.</p> <p>If claim type 09 (Title 18), if the provider is not = 4901045 (NPI: 1174630081) and the provider type = 003 and the enrollee's age is = 21 thru 64, set the edit.</p> <p>See value set, MH PROV TYPES - E0118. See value set, NM/TB PROV TYPES - E0118. See value set, XOVER VALID PROCEDURE CODES. See value set, IMD PROV TYPE - E0118.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-119

ESC-119

Edit Information

Edit Number	119	esc Number	119	NCPDP Code	
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Short Desc	Service Period Not Equal Accommodation Days
Long Desc	The statement covers period disagrees with the service units.
Edit Criteria	<p>If a revenue code(s) is billed for accommodation or room and board, the service units billed for the revenue code(s) must be equal to the number of days covered by the from-thru dates of service for the payment request.</p> <p>Calculate covered days by subtracting the "from date" from the "thru date" and adding one if the patient status is 30 or if the "from date" equals the "thru date" or provider type is 046. If the covered days does not = days entered for the revenue code(s), set the edit.</p> <p>For claim type 01: Service units for all accommodation revenue codes, 100-219, 653, 655, 656, 658, 0961, 0770, and 1001 on a payment request are totaled and compared to the calculated covered days. If they are not equal, set the edit.</p> <p>For claim type 02, 10: Service units for all revenue codes, 101, 110, 111, 119, 120, 121, 129, 130, 131, 139, 150, 151, 159, 160, 164, 169, 180, 182-185, 189 are totaled and compared to the calculated covered days. If they are not equal, set the edit. See value set, ACCOMMODATION CODES FOR NH.</p> <p>For claim type 03: If the provider type is '104' (PACE), the Service units for all revenue lines that have the PACE revenue code ('3103') are totaled and compared to the calculated covered days. If they are not equal, set the edit</p>

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		6	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

This edit is turned off for crossovers.

Resolution

(None)

Edit/Audit Inquiry Results Edit-0120

ESC-0120

Edit Information

Edit Number	0120	esc Number	0120	NCPDP Code	
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Short Desc	Invalid Revenue Line DOS
Long Desc	Invalid Revenue Line Date of Service
Edit Criteria	This edit is performed on each line of a Hospice (PT 046) CT 03. If the revenue line DOS is missing, is an invalid date, or is not between the header FDOS and TDOS inclusive, set the edit.

General Indicators

Reject Ind		Deny Ind		Override Ind	N
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	01/01/2016	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		NA	
Encounter		0	
BH Encounter		0	
Special Batch	217	PEND	
PA			

Edit/Audit Inquiry Results Edit-0121

ESC-0121

Edit Information

Edit Number	0121	esc Number	0121	NCPDP Code	
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Short Desc	Multiple Lines Same Rev / Same DOS
Long Desc	Multiple Lines for Same Revenue Code for Same Date of Service
Edit Criteria	This edit is performed on each line of a Hospice (PT 046) CT 03. If the revenue code and line DOS is the same as another line on the claim, set the edit. Edit is bypassed if revenue code is not 0651 (this is a per day code) and one line has modifier PM and the other does not.

General Indicators

Reject Ind		Deny Ind		Override Ind	N
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental	Pharmacy	Inpatient	
Nursing	Home Health	Outpatient	Y
Physician	Personal Care	Laboratory	
Transportation	Xover A	Xover B	
Cap Pay	Man Fee	Admin	
Asmt Fee			

Date Information

Effective Date Code	DOS	Effective	01/01/2016	Revision	
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		Date		Date		
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		NA	
Encounter		0	
BH Encounter		0	
Special Batch	217	PEND	
PA			

Edit/Audit Inquiry Results Edit-0122

ESC-0122

Edit Information

Edit Number	0122	esc Number	0122	NCPDP Code	
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Short Desc	Rev Cd 0651 Must Have 1 Unit
Long Desc	Revenue Code 0651 Must be Billed with 1 Unit
Edit Criteria	This edit is performed on each line of a Hospice (PT 046) CT 03. If the revenue code is 0651 and units not = 1, set the edit.

General Indicators

Reject Ind		Deny Ind		Override Ind	N
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	01/01/2016	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		NA	
Encounter		0	
BH Encounter		0	
Special Batch	217	PEND	
PA			

Edit/Audit Inquiry Results Edit-0123

ESC-0123

Edit Information

Edit Number	0123	esc Number	0123	NCPDP Code	
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Short Desc	Rev Cds 0551, 0561 Require HCPCS
Long Desc	Revenue Codes 0551 and 0561 Must be Billed with HCPCS
Edit Criteria	This edit is performed on each line of a Hospice (PT 046) CT 03 that has revenue code 0551 (Registered Nurse Service) or 0561 (Social Worker Service). If revenue code is 0551 and revenue line procedure code is not G0299, set the edit. If revenue code is 0561 and revenue line procedure code is not G0155, set the edit.

General Indicators

Reject Ind		Deny Ind		Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental	Pharmacy	Inpatient	
Nursing	Home Health	Outpatient	Y
Physician	Personal Care	Laboratory	
Transportation	Xover A	Xover B	
Cap Pay	Man Fee	Admin	
Asmt Fee			

Date Information

Effective Date Code	DOS	Effective	01/01/2016	Revision	
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		Date		Date		
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		NON-COV	
		NON-COV	
EMC		NON-COV	
		NON-COV	
Adjustment		NON-COV	
		NON-COV	
POS		NA	
Encounter		0	
BH Encounter		0	
Special Batch	217	PEND	
PA			

Edit/Audit Inquiry Results Edit-124

ESC-124

Edit Information

Edit Number	124	esc Number	124	NCPDP Code	
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Short Desc	Charges Span 2 Fiscal Years				
Long Desc	Charges span two of provider's fiscal years.				
Edit Criteria	<p>For Inpatient and Outpatient payment requests (claim type 01 and 03) prior to 7/1/96, for Nursing Home (claim type 02, 10), FQHC (claim type 05, provider class type 52), and Rural Health clinics (claim type 05, provider class type 53), if there is a valid provider number and the payment request's from and thru dates of service are both not in the provider's fiscal year, set the edit.</p> <p>In other words, a payment request cannot span two of the provider's fiscal years on the same request.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health		Outpatient	Y
Physician	Y	Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-125

ESC-125

Edit Information

Edit Number	125	esc Number	125	NCPDP Code	
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Short Desc	Invalid Map Control Number				
Long Desc	Invalid Map Control Number				
Edit Criteria	This edit is no longer valid and is not included in the new MMIS, because there is no map control number. Inpatient rehab is on PA File.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-126

ESC-126

Edit Information

Edit Number	126	esc Number	126	NCPDP Code	
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Short Desc	Payment From Primary Carr Omitted on Code 3				
Long Desc	The primary carrier payment on code 3 is missing.				
Edit Criteria	This edit is no longer valid and is not included in the new MMIS. It has been combined with the current edit 0015.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-127

ESC-127

Edit Information

Edit Number	127	esc Number	127	NCPDP Code	
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Short Desc	Procedure Code Does not Agree with Age				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS. It was not found on the Medical and Administrative Codes Database File.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-128

ESC-128

Edit Information

Edit Number	128	esc Number	128	NCPDP Code	
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Short Desc	Enrollee Not Authorized for Dates of Service				
Long Desc	Enrollee Not Authorized for Dates of Service				
Edit Criteria	<p>For Title 18 (claim type 09), if the enrollee is not a QMB recipient (see value set 'QMB Enrollees – E0039' for aid categories), the provider class type = 06, 10, 11 or 92 (SNF-MH, SNF-Non MH, SNF-MR, SNF-NE) and the payment request's Medicare coverage code = A:</p> <p>1- if the enrollee is in a nursing home but the payment request provider number does not equal the provider ID on the enrollee database, set the edit or</p> <p>2- if the enrollee is not in a nursing home, set the edit.</p> <p>For Nursing Home (claim type 02, 10):</p> <p>The enrollee must have an exception indicator of '1', '2', or '7' for the claim dates of service. If the exception indicator is '1' or '2', the claim servicing provider must match the enrollee exception (nursing home) provider. If these conditions are not met, set the error.</p> <p>Note: If a claim is submitted with an NPI, the match for servicing, referring or attending provider is done at the NPI level rather than the Provider Type/Location level.</p> <p>See value set, TITLE 18 PROVIDER TYPES - E0128.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
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FAMIS	Y	Assessments			
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Claim Type

Dental		Pharmacy		Inpatient	
Nursing	Y	Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

This edit was turned off for nursing home (claim types 02 and 10) on 11/18/2003. This edit was turned back on for claim types 02 and 10 on 08/02/2004.
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Resolution

(None)

Edit/Audit Inquiry Results Edit-129

ESC-129

Edit Information

Edit Number	129	esc Number	129	NCPDP Code	
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Short Desc	Revenue Code Not Covered				
Long Desc	The revenue code billed is not covered.				
Edit Criteria	<p>If the revenue code = 0000, but there is other data on the payment request line, set the edit.</p> <p>If all the revenue codes on a payment request are non-covered, set the edit.</p> <p>If the whole revenue line = 0, processing continues. If the revenue charge is not numeric, set the charge to zero.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA100	Adjudication Controller
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-130

ESC-130

Edit Information

Edit Number	130	esc Number	130	NCPDP Code	50
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Short Desc	Billing Provider Number Not on File				
Long Desc	Billing provider identification number not on file.				
Edit Criteria	If the billing provider is not on the Provider Enrollment Database, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority	1	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments	Y		

Claim Type

ental	Y	Pharmacy	Y	Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		8	
Special Batch	217	PEND	
PA		DENY	

Programs

Program	Program Title
CPA100	Adjudication Controller
CPA001B	Batch Adjudication Driver - Part 1

Exceptions

Pend for Capitation, Management, Admin Fees, and Assessments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-131

ESC-131

Edit Information

Edit Number	131	esc Number	131	NCPDP Code	
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Short Desc	First Other Procedure Code Invalid				
Long Desc	The first other procedure code is not in the correct format or not on file.				
Edit Criteria	If the first other procedure code is not = zeroes and is not on the Medical and Administrative Codes Database File, set the edit.				
	The other procedure code edits are 713-716.				

General Indicators

Reject Ind		Deny Ind		Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		6	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-132

ESC-132

Edit Information

Edit Number	132	esc Number	132	NCPDP Code	
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Short Desc	Justify for Inpatient Surgery and Resubmit				
Long Desc	Justify for Inpatient Surgery and Resubmit				
Edit Criteria	Deleted per DMAS This edit is used in conjunction with edit 437 which pends a payment request. Pend Resolution is allowed to TAD or deny with 437 and can also use this edit as an EOB.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-133

ESC-133

Edit Information

Edit Number	133	esc Number	133	NCPDP Code	
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Short Desc	Revenue Code Missing				
Long Desc	The revenue code is missing.				
Edit Criteria	If the revenue code is not present on a line when there is a rate, units or charge on the same line, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		N/A	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-134

ESC-134

Edit Information

Edit Number	134	esc Number	134	NCPDP Code	
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Short Desc	No Medicare Coverage on File/Resubmit with EOMB/Copy of Medicare Card
Long Desc	No Medicare Coverage on File/Resubmit with EOMB/Copy of Medicare Card
Edit Criteria	<p>If the first diagnosis code is in the ICD-9 value set 169 (0282/0387 BYPASS) or the ICD-10 value set 20288 (ICD-10 PREGNANCY DIAG CODES), bypass the edit.</p> <p>If the procedure flag is '91' (Pregnancy, Preventative Srv. & Court-Ordered Office Visit Paid (Bypass TPL)) and any of the diagnosis codes are in the ICD-9 value set 172 (BYPASS DIAGNOSIS CODES) or the ICD-10 value set 20288 (ICD-10 PREGNANCY DIAG CODES), bypass the edit.</p> <p>For electronic crossover claims – Claim Type = 09 (DE 2002) and Media Type = 7 (DE 2478) with a Submit ID (DE 0012) of 'EDIX', set edit 0134 when edit criteria is met.</p> <p>For electronic crossover claims – Claim Type = 09 (DE 2002) and Service Center = '1060' (DE 4082)', bypass the edit.</p> <p>This edit is used in conjunction with edits 0282 and 0387 which pend with an attachment. Pend Resolution can use this edit as an EOB.</p>

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	T	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
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Nursing	Y	Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		EOB	
		EOB	
EMC		EOB	
		EOB	
Adjustment		EOB	
		EOB	
POS		PAY	
Encounter		0	
Special Batch		EOB	
PA			

Programs

Program	Program Title
CPA032	TPL Edits

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-135

ESC-135

Edit Information

Edit Number	135	esc Number	135	NCPDP Code	
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Short Desc	Lab charges not on applicable claim form
Long Desc	Lab charges must be submitted on appropriate claim form based on claim DOS.
Edit Criteria	<p>If the provider class type = 01 or 91, and the claim type = 03 (Outpatient) and only laboratory revenue codes (300-319) are submitted, set the edit.</p> <p>If other revenue codes are also present, the laboratory charges are non-covered and the remaining revenue codes are processed.</p> <p>OUTPATIENT PRICING CHANGE: Edit 0135 will not set for Outpatient claims after 12/31/2013. Edit 0135 will set for all LAB claims on or after 01/01/2014 for PCT '001, 014, '085', '091'. Rehab PCT '014' and '085' will only set on or after 01/01/2014.</p>

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	Y
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-136

ESC-136

Edit Information

Edit Number	136	esc Number	136	NCPDP Code	
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Short Desc	Charges Greater Than Reasonable Amount				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-137

ESC-137

Edit Information

Edit Number	137	esc Number	137	NCPDP Code	
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Short Desc	Payment Request Exceeds 31-Day Billing Limit				
Long Desc	Payment request exceeds 31-day billing limit.				
Edit Criteria	This edit deleted as it is combined with edit 454. For Outpatient (claim type 03) payment requests, if the 'thru' date of service minus the 'from' date of service is > 31, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-138

ESC-138

Edit Information

Edit Number	138	esc Number	138	NCPDP Code	
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Short Desc	Tooth and Quadrant Codes are Both Present				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-139

ESC-139

Edit Information

Edit Number	139	esc Number	139	NCPDP Code	
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Short Desc	Duplicate Reference Number				
Long Desc	Duplicate Reference Number				
Edit Criteria	This edit is deleted. For SLH payment requests, if there are duplicate reference numbers and both are on electronically submitted payment requests or both are on paper submitted payment requests, then set the edit on both requests.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-140

ESC-140

Edit Information

Edit Number	140	esc Number	140	NCPDP Code	
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Short Desc	Information Incomplete				
Long Desc	Information Incomplete				
Edit Criteria	This edit is used by Pend Resolution to DENY payment requests for information.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-141

ESC-141

Edit Information

Edit Number	141	esc Number	141	NCPDP Code	
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Short Desc	Resubmit on Practitioner's Invoice				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS. This edit was for Personal Care payment requests (PCT 55) if enrollee's age was less than 21 and exception indicator was not 8, 9, E, X, or Y.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-142

ESC-142

Edit Information

Edit Number	142	esc Number	142	NCPDP Code	
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Short Desc	Medicare Allowance Missing/Invalid				
Long Desc	The Medicare allowed amount is missing.				
Edit Criteria	If the Medicare allowed amount is <= zero or not numeric, set the edit. This edit does not apply to SLH and TDO.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-143

ESC-143

Edit Information

Edit Number	143	esc Number	143	NCPDP Code	65
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Short Desc	Enrollee Not Eligible on DOS				
Long Desc	Enrollee not eligible for medical assistance benefits for dates of service.				
Edit Criteria	<p>For all claim types except claim type 01, provider class types 01 (Hospital), 03 (Private Mental Hospital), 07 (State MH under 21), 77 (Residential Treatment Center), or 91 (Out of State Hospital) and admission date > 6/30/96, if the payment request is an adjustment or a void and the enrollee is not eligible during the from and thru dates of service or was cancelled during the from and thru dates of service, set the edit.</p> <p>For claim type 01 (Inpatient), provider class types 01 (Hospital), 03 (Private Mental Hospital), 07 (State MH under 21), 77 (Residential Treatment Center), or 91 (Out of State Hospital) and admission date > 6/30/96, if the enrollee is eligible for only part of the from and thru dates of service, then the number of payment days is cutback to the days eligible and EOB 638 is set. If the type of bill is 111 or 161 and there are no eligible days, including the last day, set edit 0318; if the enrollee is eligible on the last day, set EOB 640 and pay for zero days.</p> <p>For claim type 01, provider class types 01 (Hospital), 03 (Private Mental Hospital), 07 (State MH under 21), or 91 (Out of State Hospital) and admission date > 6/30/96, if the payment request is an adjustment or a void and the enrollee was cancelled prior to the from and thru dates of service, set the edit.</p> <p>For SLH payment requests: Same as Medicaid payment requests.</p> <p>See value set, PROV SET 6.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	R	Priority	2	Recycle Days	60

HIPAA esc		CutBack Ind		
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Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments	Y		

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		6	
Special Batch	217	PEND	
PA		DENY	

Programs

Program	Program Title
VPTM1RCP	POS Pharmacy Claims Enrollee Edits Process
CPA100	Adjudication Controller

Exceptions

Pend for Capitation, Management, Admin Fees, and Assessments. The attachment and no-attachment disposition is always set to DENY for EMC adjustments. As of July 1st, 2005, dental

encounter severity is changed to 8.

Resolution

(None)

Edit/Audit Inquiry Results Edit-144

ESC-144

Edit Information

Edit Number	144	esc Number	144	NCPDP Code	40
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Short Desc	Billing Provider Not Eligible on DOS
Long Desc	Billing Provider Not Eligible on DOS
Edit Criteria	<p>If the billing provider is not enrolled in the program billed for the date of service, set the edit.</p> <p>For pharmacy, this edit is bypassed when the level of service equals '03' indicating emergency.</p> <p>This edit also ensures that a billing provider with program code 10 can only submit encounter claims.</p> <p>This edit also ensures that a billing provider with program code 11 cannot submit fee for service claims.</p> <p>This edit also ensures that a billing provider class type '107' cannot submit claims.</p>

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority	2	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments	Y		

Claim Type

Dental	Y	Pharmacy	Y	Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		DENY	
Encounter		6	
Special Batch	217	PEND	
PA		DENY	

Programs

Program	Program Title
VPTM1PRV	POS Pharmacy Claims Provider Edits Process
CPA028	Provider Edits
CPA100	Adjudication Controller
CPA001B	Batch Adjudication Driver - Part 1

Exceptions

Pend for Capitation, Management, Admin Fees, and Assessments. As of July 1st, 2005, dental encounter severity is changed to 8.

Resolution

Pend for Capitation, Management, Admin Fees, and Assessments. As of July 1st, 2005, dental encounter severity is changed to 8. Edit will be turned off for Crossover A and B for EMC (media 7) for originals (modifier 1) and for adjustments (modifier 2).

Edit/Audit Inquiry Results Edit-145

ESC-145

Edit Information

Edit Number	145	esc Number	145	NCPDP Code	
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Short Desc	Number Procedures Greater Than Number Allowed				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-146

ESC-146

Edit Information

Edit Number	146	esc Number	146	NCPDP Code	
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Short Desc	Procedure Code/Type Not on File
Long Desc	Procedure Code/Type Not on File
Edit Criteria	<p>For Inpatient (claim type 01) and Outpatient (claim type 03) payment requests, if the principal procedure code (ICD) is not zeros and is not on the Medical and Administrative Codes Database File, set the edit.</p> <p>For personal care (claim type 04), practitioner (claim type 05), dental (claim type 11), lab (claim type 08), and transportation (claim type 13), if the procedure code is not on the Medical and Administrative Codes Database File, set the edit.</p> <p>For Xover B (claim type 09 - form type 'B'), if the procedure code is spaces, bypass other procedure code edits for crossover part B set edit 12.</p> <p>For Xover B (claim type 09 - form type 'B'), if procedure modifier (1) not equal to spaces and procedure code not found on initial read; read procedure code table again with CPT/HCPCS procedure type '1' (medical), type '4' (ICD-9) and type '5' (ICD-10) . If procedure code still not found set edit. If procedure code found, set edit with disposition of 'T' (test). The claim will pay billed charge and not perform pricing logic.</p> <p>Procedure code is accessed by procedure type and procedure code. Procedure type is internally assigned as follows in this sequence. (Exception indicator criteria means the member has the exception indicator but the claim may not necessarily be processed under that indicator):</p> <p>UB92: procedure type is '4' (ICD-9) or '5' (ICD-10)</p> <p>Dental: procedure type is '0' (Dental)</p> <p>HCFA-1500 and XOVb:</p> <p>Procedure modifier 'RR' - type 'R' (Rental)</p> <p>Procedure modifier 'U1' - type 'H' (High Level)</p> <p>Procedure modifier 'U4' - type 'S' (Special)</p> <p>Billing Provider type 72 (Department of Education, School Services) - type '1' (Medical)</p> <p>Exception indicator 'EI' and proc in VS "EI Carve Out Procedures" (#1015) - type 'D' (Early Intervention)</p> <p>Exception indicator 'R' - type 'I' (IFFDS)</p> <p>Provider Type 22 and Procedure Code 'T1016' - type 'F' (Treatment Foster Care)</p>

	<p>See Value Set TFC PROCEDURE FOR PROC TYPE F</p> <p>Exception indicator 'Y' - type 'M' (Mental Retardation)</p> <p>Exception indicator 'E' - type 'A' (AIDS)</p> <p>Exception indicator 'M' - type 'B' (Children's Mental Health)</p> <p>Exception indicator 'Q' - type 'C' (CDPAS)</p> <p>Exception indicator 'A' - type 'T' (Tech Waiver)</p> <p>Exception indicator '9' - type 'E' (Elderly and Disabled)</p> <p>Exception indicator 'EI' - type 'D' (Early Intervention)</p> <p>Exception indicator 'MW' - type 'W' (Medicaid Works)</p> <p>All other - type '1' (Medical)</p> <p>If the procedure is not found under the assigned procedure type(selected using the dates of service) and the procedure type is one of those assigned by provider type or exception indicator, procedure type is reassigned to '1' and the procedure table is accessed again using the dates of service. (Note: Reassignment is not done for procedure types assigned by procedure modifier.)</p>
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General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		8	
Special Batch	217	PEND	
PA		DENY	

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments. Dental Encounters have disposition 6. As of July 1st, 2005, dental encounter severity is changed to 8. Effective 1/1/2005 for paper and EMC Crossover Part B, the disposition is TEST. Effective 8/23/2007, for Medicaid, FAMIS, and TDO the disposition for XOVB has been set to DENY for all media except special batch.

Resolution

(None)

Edit/Audit Inquiry Results Edit-147 ESC-147

Edit Information

Edit Number	147	esc Number	147	NCPDP Code	
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Short Desc	Procedure Code Not in Use on Service Date				
Long Desc	This date of service is prior to the procedure code's effective date.				
Edit Criteria	<p>For Practitioner, Lab, Dental, Transportation, Crossover, part B, and Personal Care, if the payment request from date of service is < the Medical and Administrative Codes Database File begin date or the payment request thru date of service is > the Medical and Administrative Codes Database File end date, set the edit.</p> <p>For Inpatient and Home Health, if the payment request from date of service is < the Medical and Administrative Codes Database File begin date or the payment request thru date of service is > the Medical and Administrative Codes Database File end date, set the edit.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		6	
Special Batch	217	PEND	
PA		DENY	

Programs

(None)

Exceptions

Pend for Capitation, Management, Admin Fees, and Assessments. Set to Test for XOVB. As of July 1st, 2005, dental encounter severity is changed to 8. Effective 8/23/2007, for Medicaid, FAMIS, and TDO the disposition for XOVB has been set to DENY for all media except special batch.

Resolution

(None)

Edit/Audit Inquiry Results Edit-148

ESC-148

Edit Information

Edit Number	148	esc Number	148	NCPDP Code	
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Short Desc	Rendering Provider Not Certified to Perform Procedure				
Long Desc	Rendering provider is not certified to perform procedure.				
Edit Criteria	<p>For claim types other than 09: If the enrollee has exception indicator 'R' for the claim's dates of service and one of the providers specialties is '016', and there is an 'R' flag on the RF_PROC_FLAG_CODES table, then the provider's type and specialty '016' are used to check the RF_PROC_PT_SPEC table. If no row is found on the RF_PROC_PT_SPEC table, then the provider's type and specialty '000' are used to check the RF_PROC_PT_SPEC table. If no row is found on the RF_PROC_PT_SPEC table, then edit 0148 is set.</p> <p>For : :Claim types other than 09 :Claim type 09 if from date of service >= '10/01/2009' Effective 10/27/2008 (Release 42), this edit first checks to see if a '000' Specialty exists on the RF_PROC_PT_SPEC table for the Procedure Type / Procedure Code / Provider Type of the service provider. If a '000' specialty is found, the provider is deemed eligible and all the following edits that follow are ignored. If not found, continue processing the edits specified below.</p> <p>If the procedure code is on the RF_PROCEDURE table, but the servicing provider's type and none of his specialties are on the RF_PROC_PT_SPEC table for the procedure code, set the edit.</p> <p>If a claim type 13 encounter with from date of service >= '10/01/2009' meets the criteria, do not set the edit but set the "Pay 0" flag. This will cause the claim to pay zero in pricing.</p> <p>If the procedure code is on the RF_PROCEDURE table, the servicing provider's type is 079, the servicing provider's specialty is not 105, and there is no F or J flag on the RF_PROC_FLAG_CODES table, set the edit.</p>				

	<p>If the procedure code is on the RF_PROCEDURE table, the servicing provider's type = 079, the servicing provider's specialty is 105, and there is no T flag on the RF_PROC_FLAG_CODES table, set the edit.</p> <p>If the procedure code is on the RF_PROCEDURE table, the servicing provider's type = 079, the servicing provider's specialty is 105 and there is a T flag on the RF_PROC_FLAG_CODES table, but the enrollee's exception indicator is not T then set the edit.</p> <p>If the procedure code is on the RF_PROCEDURE table, the servicing provider's type = 079, the servicing provider's specialty is not 105, and there is a F or J flag on the RF_PROC_FLAG_CODES table, but the enrollee's exception indicator is not = F or J accordingly, set the edit.</p> <p>This criteria is not being done at this time: If the procedure code is on the RF_PROCEDURE table, and the servicing provider's type = 047, 048, 063, or 073, and there is no G, CM, SA, or FA flag on the RF_PROC_FLAG_CODES table, and the enrollee's exception indicator = A, E, or 9, but there is no matching flag on the RF_PROC_FLAG_CODES table, set the edit.</p> <p>This criteria is not being done at this time: If the enrollee's exception indicator = Q and there is a Q flag on the RF_PROC_FLAG_CODES table, but the servicing provider does not = the enrollee's CDPAS coordinator on the Enrollee Datastore, set the edit.</p> <p>This criteria is not being done at this time: If the enrollee's exception indicator = R and the servicing provider's specialty = 017, but the servicing provider does not = the enrollee's IFDDS provider on the Enrollee Datastore, set the edit.</p> <p>For claim type 09 and from date of service < '10/01/2009': For part B transportation claims, if the procedure code is not in the value set PROC-TRANSPORT - EMERGENCY and not in the value set PROC-TRANSPORT - NON-EMERGENCY, set the edit with a deny disposition.</p>				
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General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority	9	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments	Y		

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	Y
Cap Pay	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	400	PEND	
	400	PEND	
EMC	400	PEND	
	400	PEND	
Adjustment	400	PEND	
	400	PEND	
POS			
Encounter		2	
Special Batch	217	PEND	
PA		DENY	

Programs

Program	Program Title
CPA350	ADA Service/PA Edit

Exceptions

Pend for Capitation, Management, Admin Fees, and Assessments. As of July 1st, 2005, dental encounter severity is changed to 8. Deny for Transportation & XOVB.

Resolution

All Claim Types:
Claims now set to pend to State location 400.

Edit/Audit Inquiry Results Edit-149

ESC-149

Edit Information

Edit Number	149	esc Number	149	NCPDP Code	
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Short Desc	Medicare Payment Missing/Invalid
Long Desc	The Medicare paid amount is missing/invalid.
Edit Criteria	<p>For XOVA and XOVB Medicare claims, claims will deny for edit 0149 that have a non-numeric or blank Medicare paid amount. Additionally, for XOVA and XOVB Medicare claims, claims will deny for edit 0149 if the Medicare paid amount is zero and the Medicare deductible is zero. This edit is bypassed if the service center is equal to '1060' GHI.</p> <p>Special cases below all consist of Medicare paid amount having a zero or blank and non GHI (Service Center not in Value set 'SERV CENTERS TO BYPASS 0149'):</p> <p>a. For XOVA claims only for PT '001' and '091' claims will deny for edit 0149 when the deductible amount and Co-insurance amount are both greater than zero, and the amounts are equal.</p> <p>b. For XOVA claims only for PT '001' and '091' claims will pend for edit 0149 when the deductible amount and co-insurance amount are both greater than zero, and the amounts are not equal only with an attachment.</p> <p>c. For XOVA claims only for PT '001' and '091' claims will deny for edit 0149 when the deductible amount and co-insurance amount are both greater than zero, and the amounts are not equal without an attachment.</p> <p>d. For XOVA claims only for PT '001' and '091' claims will deny for edit 0149 when the covered days are less than or equal to 20 days billed from the admit date, and the co-insurance amount is greater than zero.</p> <p>e. For XOVA claims only for all provider types other than PT '001' and '091' claims will pend for edit 0149 when the Deductible amount and co-insurance amount are both greater than zero only with an attachment.</p> <p>f. For XOVA claims only for all provider types other than PT '001' and '091' claims will deny for edit 0149 when the Deductible amount and co-insurance amount are both greater than zero without an attachment.</p> <p>g. For XOVB only claims for all provider types claims will deny for edit 0149 when</p>

	<p>the deductible amount and Co-insurance amount are both greater than zero, and the amounts are equal.</p> <p>h. For XOVB only claims for all provider types claims will pend for edit 0149 when the deductible amount and Co-insurance amount are both greater than zero, and the amounts are not equal only with an attachment.</p> <p>I. For XOVB only claims for all provider types claims will deny for edit 0149 when the deductible amount and Co-insurance amount are both greater than zero, and the amounts are not equal without an attachment.</p>
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General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	

POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

1. If Medicare EOB is not attached, deny - enter 0149 and disposition indicator D.
2. Check Medicare EOB. Determine if Medicare's paid amount is zero. Check coinsurance and deductible payments. If all match what is billed on the claim, override- enter 0149 and disposition indicator O.
3. If Medicare EOB is attached and Medicare's paid amount or coinsurance or deductible do not match what is on the claim, deny- enter 0149 and disposition indicator D.

Edit/Audit Inquiry Results Edit-150 ESC-150

Edit Information

Edit Number	150	esc Number	150	NCPDP Code	
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Short Desc	deleted - Enrollee Age 21 or Over				
Long Desc	Enrollee Age 21 or Over				
Edit Criteria	<p>This edit is being deleted in new MMIS. For Inpatient payment requests (claim type 01), if the ancillary revenue code = 213 and the enrollee's age is greater than 21, set the edit.</p> <p>See value set, TRANSPLANT REVENUE CODES. See value set, EDIT 0150/0150 PROCEDURE CODES.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

Program	Program Title
CPA030	Recipient Edits

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-151

ESC-151

Edit Information

Edit Number	151	esc Number	151	NCPDP Code	
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Short Desc	Invalid Surface				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS. It has been combined with edit 10.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-152

ESC-152

Edit Information

Edit Number	152	esc Number	152	NCPDP Code	
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Short Desc	Num Surfaces Disagrees with Procedure Code				
Long Desc	Num Surfaces Disagrees with Procedure Code				
Edit Criteria	<p>If surfaces (DE 2201) are billed, the total number billed is compared to the number (DE 5056) that is allowed for the procedure on the Medical and Administrative Codes Database. If the number of surfaces billed disagrees with the number allowed for the procedure, set the edit.</p> <p>If the number allowed for the procedure = 1 and the number billed is not = 1, set the edit.</p> <p>If the number allowed for the procedure = 2 and the number billed is not = 2, set the edit.</p> <p>If the number allowed for the procedure = 3 and the number billed is not = 3, set the edit.</p> <p>If the number allowed for the procedure = 4 and the number billed is not = 4, set the edit.</p> <p>If the number allowed for the procedure = 5 and the number billed is not = 5, set the edit.</p> <p>If the number allowed for the procedure = A and the number billed is < 1, set the edit.</p> <p>If the number allowed for the procedure = B and the number billed is < 2, set the edit.</p> <p>If the number allowed for the procedure = C and the number billed is < 3, set the edit.</p> <p>If the number allowed for the procedure = D and the number billed is < 4, set the edit.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		DENY	

Programs

(None)

Exceptions

New dental encounter disposition as of July 1st, 2005 is 8.

Resolution

(None)

Edit/Audit Inquiry Results Edit-153

ESC-153

Edit Information

Edit Number	153	esc Number	153	NCPDP Code	
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Short Desc	Invalid Tooth Number/Procedure				
Long Desc	Invalid Tooth Number/Procedure				
Edit Criteria	If a payment request is submitted for a dental procedure that requires a tooth number (indicated by a Y in the tooth indicator (DE 5057) on the Medical and Administrative Codes Database) and no tooth number is entered on the payment request or an invalid tooth number is entered on the payment request (that is, not a valid permanent or baby tooth code), set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		2	
Special Batch	217	PEND	
PA		DENY	

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments. As of July 1st, 2005, dental encounter severity is changed to 8.
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Resolution

(None)

Edit/Audit Inquiry Results Edit-154

ESC-154

Edit Information

Edit Number	154	esc Number	154	NCPDP Code	
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Short Desc	Tooth Code Disagrees with Allowable Type				
Long Desc	Tooth Code Disagrees with Allowable Type				
Edit Criteria	If a procedure code that is allowed for permanent teeth only, indicated by P in tooth type (DE 5151), is billed with a baby tooth code (alpha tooth codes), or if a procedure code that is allowed for baby teeth only, indicated by D in tooth type (DE 5151), is billed with a permanent tooth code (numeric tooth codes), set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA		DENY	

Programs

(None)

Exceptions

New dental encounter disposition as of July 1st, 2005 is 8.

Resolution

(None)

Edit/Audit Inquiry Results Edit-155

ESC-155

Edit Information

Edit Number	155	esc Number	155	NCPDP Code	
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Short Desc	Procedure Requires Authorization
Long Desc	Procedure Requires Authorization
Edit Criteria	<p>Claims for provider class type = 72 (Department of Education, School Services) process without pre-authorization for recipients who also happen to be in a waiver benefit. The system should bypass the waiver benefit and settle with fee for service when provider type 072 is billing.</p> <p>If the Medical and Administrative Codes Database indicates that a procedure or revenue code requires a PA and there is no PA number on the payment request, set the edit. The procedure codes on the revenue lines do not qualify for this edit.</p> <p>PA type 00 means that the service does not require prior authorization. PA type 01 means that the service always requires prior authorization. PA type 02 means that the service requires prior authorization if the service goes beyond its limits. PA type 03 means the number of units authorized are based on a per time use and always require prior authorization.</p> <p>Prior Authorization is required for all outpatient payment requests (claim type 03) for provider type 19 (Rehab).</p> <p>Prior Authorization is required for all inpatient payment requests (claim type 01) for provider types 01 (Hospital), 14(Rehab Hospital, and 85 (Out-of-State Rehab Hospital) AND for provider types 03 (Private Mental Hospital), 07 (State Mental Hospital under 21), and 77 (Residential Treatment Center) with from date of service > 2/17/97 unless</p> <p>1) the type of bill = 113 or 114 and the enrollee age is > 20 OR 2) the enrollee is a non-resident alien, benefit plan = 01-01-3000 or 01-01-3001 OR 3) the number of days for a normal delivery (procedure code in ICD-9 value set 300 (ICD9 PROC PA CONDITION 1) or ICD-10 value set 20300 (ICD-10 PROCS VAGINAL DELIVERY)) is 3 or less days (difference between the thru date of service and the admission date) OR 4) the number of days for a Caesarian section (procedure code in ICD-9 value set 301 (ICD9 PROC PA CONDITION 2) or ICD-10 value set 20301 (ICD-10 PROCS CAESAR DELIVERY)) is 5 or less days</p>

	<p>(difference between the thru date of service and the admission date) OR 5) the number of days for newborns (first revenue code is 170 or 171 and there are no other accommodation revenue codes 0100 - 0219) is 5 or less days (difference between the thru date of service and the enrollee's birth date).</p> <p>Prior Authorization is required for MRI, CAT, and PET scans: 1 - For claim type 05 and place of service not 21 or 23 OR for claim type 08, if the claim's procedure code is in the value set CPT MRI CODES, CPT CAT SCANS, or CPT PET SCANS, then a PA is required for the claim. The PA procedure code used for edit 0160 validation is MRIPHY, CATPHY, or PETPHY, respectively, for claim type 05 and MRIFAC, CATFAC, or PETFAC, respectively, for claim type 08. Edit 0159 is not done for these Pas. 2 - For claim type = 03, this edit will no longer apply to outpatient scans. Outpatient Scans are defined by revenue codes that are in one of the value sets "Revenue MRI Codes", "Revenue CAT Codes", or "Revenue PET Codes". See edit 0165.</p> <p>Prior Authorization is required for procedure code H2012 for an existing user. A existing user is one who has a claim in history (any status) for procedure code H2012 with DOS between 1/1/2009 and 11/30/2009.</p> <p>After 04/29/2013, Prior Authorization is required for Medicaid & FAMIS, when claim types 01 (Inpatient) 02 (Nursing Home) 10 (Intermediate Care), and for the following conditions regardless of any revenue codes or procedure codes present. • Provider Type (DE4006) = 004 and the Level of Care (LOC) Exception Indicator (DE3072) = 'L' (OR) • Provider Type (DE4006) = 010, 015 and the Level of Care (LOC) Exception Indicator (DE3072) = '1' and Change Source (DE3074) = 86, 89, 92</p>
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General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y

Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

Claim type 11 (dental) pends with attachments to location 100. On 5/7/2004, the disposition for all other claim types was changed from pend to deny with attachments with an effective date of 07/01/2000. New dental encounter disposition as of July 1st, 2005 is 2.

Resolution

Edit 155
All Claim Types:
1. Check for keying/scanning errors.
If errors are found in unprotected fields, correct the field entry.
If errors are found in protected fields, deny the pending payment request using code 0098 and disposition indicator D.
2. Check Provider Type field. If Provider Type is 85 or 91 (out-of-state hospital), repend to DMAS LOC 333.

3. Check the payment request image for a PA number. If found, key the PA number in the PA # field on the pend screen and release the claim to adjudication. Do NOT Override the edit.
4. If PA number is not found on the payment request image, check the attachment image. If the attachment is a copy of an approved authorization, key the authorization number in the PA # field on the pend screen and release the claim to adjudication. Do NOT Override the edit.
5. If the attachment is a letter from Medical Support authorizing the service, override the edit using code 0155 and disposition indicator O.
6. If the attachment is an authorization request, repond to location 400.
7. If the attachment is not an approved authorization, deny using code 0155 and disposition indicator D.

Dental:

1. For dental payment request, review attachment/remarks. If valid reason is given, override the edit using code 0155 and disposition indicator O.

NOTE: If there is any question as to whether the reason given is valid, ask your supervisor. If there is still a question, transfer the claim to Dr Riggs LOC 404 with remarks indicating the question.

2. For orthodontia, there must be a valid PA in order to price the claim. If a PA is attached or the PA # is in the Remarks field, verify that the PA# is valid.

If it is valid, key the PA# in the PA # field on the pend screen, enter the price in the manual price field, override 0155 and release the claim to adjudication. Be sure you enter a manual price if the allowed amount is \$00.00.

If the attachment is not an approved authorization or the PA# is not on file, deny using code 0155 and disposition indicator D.

If you are unsure, transfer the pend to Location 404 with a remark.

Edit/Audit Inquiry Results Edit-156

ESC-156

Edit Information

Edit Number	156	esc Number	156	NCPDP Code	
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Short Desc	Number of Quadrants Disagrees with Number Allowed				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-157

ESC-157

Edit Information

Edit Number	157	esc Number	157	NCPDP Code	
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Short Desc	Approved Authorization Not on File				
Long Desc	Approved Authorization Not on File				
Edit Criteria	<p>If the PA number is entered on the payment request and the PA number is not on the CP_PRIOR_AUTH table, or if the PA number is entered on the payment request but is not numeric, or if C_PA_CANREJ_CVAL = 'C' (cancelled) or 'J' (rejected) and the claim's thru date of service is greater than D_CANREJ, then set the edit.</p> <p>If the PA number is found on the CP_PRIOR_AUTH table, and an entry is found on CP_PRIOR_AUTH_LINE and CP_MED_PA_LINE, but the PA line status is D (denied), J (Rejected), C (Cancelled), K (KePro Error), or MN (Approval Reversal), set the edit.</p> <p>PA edits are overridden in dental if claim is lcd (has an attachment).</p> <p>If the claim type = 03, this edit will no longer apply to outpatient scans. Outpatient Scans are defined by revenue codes that are in one of the value sets "Revenue MRI Codes", "Revenue CAT Codes", or "Revenue PET Codes". See edit 0165.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	100	PEND	
		DENY	
EMC	100	PEND	
		DENY	
Adjustment	100	PEND	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

All TDO Pends are assigned to LOC 320. All SLH Pends are assigned to LOC 310.

Resolution

<p>All Claim Types:</p> <ol style="list-style-type: none"> 1. Check for keying/scanning errors. If errors are found in unprotected fields, correct the field entry. If errors are found in protected fields, deny the pending payment request using code 0098 and disposition indicator D. 2. Check Provider Type field. If Provider Type is 85 or 91 (out-of-state hospital), repond to DMAS

LOC 333.

3. If the claim's attachment is a copy of an approved authorization with a different PA number than the one on the payment request, key the authorization number in the PA # field on the pend screen. Hit the adjudication button to update the claim. (Updated 10/26/10)

4. For dental payment request, review attachment/remarks. If valid reason is given, override the edit using code 0157 and disposition indicator O.

5. If the attachment is a letter from Medical Support authorizing the service, override the edit using code 0157 and disposition indicator O.

6. If justification is not attached or no approval is found, deny using code 0157 and disposition indicator.

7. If no justification or approval is found, deny using code 0157 and disposition indicator D.

Edit/Audit Inquiry Results Edit-158

ESC-158

Edit Information

Edit Number	158	esc Number	158	NCPDP Code	
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Short Desc	Enrollee Disagrees with Authorization				
Long Desc	Enrollee Disagrees with Authorization				
Edit Criteria	<p>If the PA enrollee number does not equal the payment request enrollee number, set the edit.</p> <p>If the claim type = 03, this edit will no longer apply to outpatient scans. Outpatient Scans are defined by revenue codes that are in one of the value sets "Revenue MRI Codes", "Revenue CAT Codes", or "Revenue PET Codes". See edit 0165.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-159

ESC-159

Edit Information

Edit Number	159	esc Number	159	NCPDP Code	
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Short Desc	Provider Disagrees with Authorization				
Long Desc	The provider on this payment request is not the provider on the approved PA.				
Edit Criteria	<p>If the provider number on the PA is not the same as the servicing provider on the payment request, set the edit.</p> <p>This edit is not done for MRI, PET, or CAT scans.</p> <p>Note: If a claim is submitted with an NPI, the match for servicing, referring or attending provider is done at the NPI level rather than the Provider Type/Location level.</p> <p>Also, the billing provider check removed from the edit as per DMAS approval.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-160

ESC-160

Edit Information

Edit Number	160	esc Number	160	NCPDP Code	
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Short Desc	Procedure Disagrees with Authorization
Long Desc	Procedure Disagrees with Authorization
Edit Criteria	<p>If the procedure code and procedure type or the revenue code on the PA does not = the procedure code and procedure type or revenue code on the payment request, set the edit.</p> <p>See Edit 0146 for a description of procedure type. For the special cases listed below, the procedure type for the procedure code on the claim is not used for PA validation.</p> <p>The following are special cases:</p> <ol style="list-style-type: none"> 1- Inpatient claim type is authorized under INPAT for provider type 01 and under INPSY for provider types 03 and 07 in the procedure code field on the PA File for any revenue code. 2- Transplants (claim type 01) are authorized on 2 lines under INPAT and TNSPLNT in the procedure code field on the PA File. If any of the procedure codes are in the ICD-9 value set 328 (TRANSPLANT PROCEDURE CODE) or the ICD-10 value set 20328 (ICD-10 TRANSPLANT PROCEDURES), bypass the edit. 3- CORF (Provider Type 019, Claim Type 03) is authorized under CORF (PA Service Type 0201) in the procedure code field on the PA file for any PT, OT, and ST revenue code for Dates of Service prior to 07/01/2009. For Dates of Service on or after 07/01/2009, CORF claims (PT 019) will be submitted as Claim Type 05 for PT, OT, or ST procedure codes and the corresponding PA (PA Service Type 0204) will be authorized using the same procedure codes. 4- Inpatient Rehab (provider type 14 and 85, claim type 01) is authorized under INRHB in the procedure code field on the PA File. 5- Vents (claim type 01) are authorized on 2 lines under INRHB and VENT in the procedure code field on the PA File. The VENT PA line is only used in pricing and will not set this edit. 6- Special Contracts (claim type 01) are authorized on 2 lines under INRHB and OOSRH in the procedure code field on the PA File. The OOSRH PA line is only used in pricing and will not set this edit. 7- If Claim Type 05, Effective 09/19/11 associated with ISR 2011-187-001-M, for all

Waivers SAs (SA Service Type 0900-0970), a new value set (RESPITE SA SERVICE TYPES) was implemented to be used for respite procedures billed (S9125, T1005, T1030 or T1031) as they all will be authorized under RESPI. The PROCEDURE RESPITE PRICING value set is used to validate the procedure code is a respite procedure. Prior to 09/19/11, the RESPITE SA SERVICE TYPES value set was not used but the Exception Indicator was used to determine waiver SAs and the following occurred for Edit 0160: E&D Waiver (enrollee exception indicator 9), Aids Waiver (enrollee exception indicator E), Mental Retardation Waiver (enrollee exception indicator Y), Tech Waiver (enrollee exception indicator A) and DD Waiver (exception indicator R). Respite may bill Local Procedures (Z9421, Z9423, Z9425, Z9403, Z9404, Z9407, Z9408) or National Procedures (S9125, T1005, T1030, or T1031) but they all will be authorized under RESPI. The PROCEDURES RESPITE PRICING value set is used to validate the procedure code is a respite procedure. This is effective 01/01/2001 for exception indicators 9, Y, and R and for exception indicator E with provider type 047. It is effective with the system live date for exception indicator A. CMH Waiver, enrollee exception indicator M, has an effective date of 12/01/2007.

8- Tech Waiver (enrollee exception indicator A) is authorized under the procedure code PDN (private duty nursing) on the PA File for the following codes: Z9401, Z9402, T1002, and T1003. This is effective with the system live date.

9- AIDS Waiver (enrollee exception indicator E and provider type 063) is authorized under the procedure code AWPDN (AIDS waiver private duty nursing) on the PA File for the following codes: Z9401, Z9402, T1002, and T1003. This is effective with the system live date.

10- Inpatient claim type is authorized under RESICSA, RESINON, Z9990, or Z9991 for provider type 77.

11- For MRI, PET, and CAT scans, the PA is authorized under MRIPHY, PETPHY, or CATPHY for claim type 05 and under MRIFAC, PETFAC, or CATFAC for claim types 03 and 08. See also edit 0155. . If the claim type = 03, this edit will no longer apply to outpatient scans. Outpatient Scans are defined by revenue codes that are in one of the value sets "Revenue MRI Codes", "Revenue CAT Codes", or "Revenue PET Codes". See edit 0165.

12- Claims submitted for PT 057 for DOS on or after 07/01/2009 will crosswalk the claim's procedure code to the existing PA Service Type 0204 PA Line's Revenue Code if the PA Line has the Revenue Code associated with it for DOS on or after 07/01/2009. If the applicable PA Line has the corresponding Procedure Code, then no crosswalk is needed. The claim procedure codes are crosswalked to the PA revenue code as follows:

PT - 97001 = 0424, 97110 = 0421, 97150 = 0423

OT - 97003 = 0434, 97530 = 0431, S9129 = 0433

ST - 92506 = 0444, 92507 = 0441, 92508 = 0443

Claims having a PA type of 03 will authorize services per month through the end of time (99999999). Claims will have to first match PA to claim exactly as any other PA. Then claims need to:

Verify the calendar month, and

	Edit to tally units on file against that PA for that calendar month. If units do not exceed the units authorized, then pay the claim. Otherwise cut back to the units authorized. Once the units are paid, update the units used on the PA file for that service month. See also edit 0486.
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General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-161

ESC-161

Edit Information

Edit Number	161	esc Number	161	NCPDP Code	
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Short Desc	Authorization Not Valid for DOS
Long Desc	Authorization Not Valid for Date of Service Billed
Edit Criteria	<p>If any of the procedure codes are in the ICD-9 value set 328 (TRANSPLANT PROCEDURE CODE) or the ICD-10 value set 20328 (ICD-10 TRANSPLANT PROCEDURES), bypass the edit.</p> <p>If the payment request's from and thru dates of service do not fall within the PA's begin and end dates, set the edit.</p> <p>If the claim type = 01 and the provider type = 01 and the admission date is > 12/31/1999 and the principal diagnosis code is not psych (diagnosis NOT in ICD-9 value sets 218 (PSYCH DIAG CODE) or 314 (DIAG CODE PSYCH CLAIM) or ICD-10 value set 20314 (ICD-10 DIAG CODE PSYCH CLAIM), the PA begin date must fall within the payment request's admission date and thru date of service.</p> <p>If the claim type = 11 and the procedure code is for orthodontics, the edit will not set if the payment request's thru date of service is after the authorized thru date since service should be allowed if there is a PA on the database. See value set, ORTHODONTICS.</p> <p>If the claim type = 03, this edit will no longer apply to outpatient scans. Outpatient Scans are defined by revenue codes that are in one of the value sets "Revenue MRI Codes", "Revenue CAT Codes", or "Revenue PET Codes". See edit 0165.</p>

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
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FAMIS	Y	Assessments			
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Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-162

ESC-162

Edit Information

Edit Number	162	esc Number	162	NCPDP Code	
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Short Desc	Number of procedures exceeds number authorized				
Long Desc	Number of procedures exceeds number authorized				
Edit Criteria	<p>Except for inpatient hospital, inpatient rehab, and inpatient psych, if the number of units or visits on the payment request is greater than the number of units or visits authorized on the PA, the number of units is cutback to the number authorized and the EOB 0639 is set.</p> <p>If a cutback cannot be taken, that is, no authorized units remain on the PA, then this edit is set.</p> <p>For history-related/service limit edits, if there are not enough units remaining on the PA and the edit cutback indicator is blank, this edit is set.</p> <p>See edit 0486 for procedure codes with PA type = 03.</p> <p>If the claim type = 03, this edit will no longer apply to outpatient scans. Outpatient Scans are defined by revenue codes that are in one of the value sets "Revenue MRI Codes", "Revenue CAT Codes", or "Revenue PET Codes". See edit 0165.</p>				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper	100	PEND	
		DENY	
EMC	100	PEND	
		DENY	
Adjustment	100	PEND	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

On 11/23/2009, the disposition for claim type 03 was set to N (non-covered) with an effective date of 7/1/2008.

Resolution

All Claim Types:

1. Check for keying/scanning errors.

If errors are found in unprotected fields, correct the field entry.

If errors are found in protected fields, deny the pending payment request using code 0098 and disposition indicator D.

2. Check Provider Type field. If Provider Type is 85 or 91 (out-of-state hospital), repond to DMAS LOC 333.

3. Check the attachment image.

If the provider is requesting additional units, repond to location 321..

If there is no request for additional units, deny using code 0162 and disposition indicator D.

Edit/Audit Inquiry Results Edit-163

ESC-163

Edit Information

Edit Number	163	esc Number	163	NCPDP Code	
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Short Desc	Surface Code Does Not Match Authorization				
Long Desc	Surface code does not match authorization				
Edit Criteria	If the surface code on the PA does not = the surface code on the payment request, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	Y
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-164

ESC-164

Edit Information

Edit Number	164	esc Number	164	NCPDP Code	
-------------	-----	------------	-----	------------	--

Short Desc	Tooth Code Does Not Match Authorization				
Long Desc	The tooth code billed is not the tooth code authorized on the PA.				
Edit Criteria	If the PA tooth code is not spaces or zeros and does not = the payment request tooth code, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental	Y	Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-165

ESC-165

Edit Information

Edit Number	165	esc Number	165	NCPDP Code	
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Short Desc	Appr PA Not Found For Out PT Scans				
Long Desc	Appropriate PA Not Found For Outpatient Scan				
Edit Criteria	<p>Appropriate PA not found for outpatient scan.</p> <p>Outpatient scans which are defined as revenue codes in one of the value sets 'Revenue MRI Codes', 'Revenue CAT Codes', or 'Revenue PET Codes' require prior authorization unless the claim also contains one of the revenue codes 450 – 459 or if the procedure code on the revenue line is in the value set 'Scan Bypass PA'.</p> <p>The PA number is no longer submitted on the claim. The system searches for an approved PA for the claim's dates of service, the claim's enrollee, 'MRIFAC' for an MRI revenue code, 'CATFAC' for a CAT revenue code, or 'PETFAC' for a PET revenue code, with remaining authorized units. If a PA is found that matches the above criteria, it is used to process the claim. If a PA is not found, edit 0641 is performed. If the criteria for edit 0641 are met, edit 0641 is set as an EOB. If the criteria for edit 0641 are not met, then edit 0165 is set as an EOB. Since the disposition is an 'N', the revenue line is non-covered.</p> <p>Edits 0155, 0157, 0158, 0160, 0161, 0162, and 0483 no longer apply to outpatient scans. If all revenue lines on a claim are non-covered, the claim will deny for edit 0129.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
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FAMIS	Y	Assessments			
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Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		N	
		N	
EMC		N	
		N	
Adjustment		N	
		N	
POS			
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

The disposition is set to non-cover the revenue code.

Resolution

(None)

Edit/Audit Inquiry Results Edit-166

ESC-166

Edit Information

Edit Number	166	esc Number	166	NCPDP Code	
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Short Desc	Authorized Number of Treatments Exceeded				
Long Desc	Payment reduced to units authorized.				
Edit Criteria	This edit is no longer valid and is not included in the new MMIS. This edit has been combined with edit 162.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-167

ESC-167

Edit Information

Edit Number	167	esc Number	167	NCPDP Code	
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Short Desc	Pre-Authorization Not Required				
Long Desc					
Edit Criteria	This edit was used when adding a dental PA. It is no longer valid in adjudication and is not included here, but resides in the PA system.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-168

ESC-168

Edit Information

Edit Number	168	esc Number	168	NCPDP Code	
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Short Desc	Invalid Maximum Dollars				
Long Desc					
Edit Criteria	This edit was used when adding a dental PA. It is no longer valid in adjudication and is not included here, but resides in the PA system.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-169

ESC-169

Edit Information

Edit Number	169	esc Number	169	NCPDP Code	22
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Short Desc	Invalid Dispensed As Written Indicator				
Long Desc	Invalid Dispensed As Written Indicator				
Edit Criteria	If the Dispensed As Written indicator does not equal a 0-9, set the edit.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority	3	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy	Y	Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		PAY	
		PAY	
POS		DENY	
Encounter		0	
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-170

ESC-170

Edit Information

Edit Number	170	esc Number	170	NCPDP Code	
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Short Desc	Authorization Number Previously on Master				
Long Desc	Authorization Number Previously on Master				
Edit Criteria	This edit was used when adding a dental PA. It is no longer valid in adjudication and is not included here, but resides in the PA system.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-171 ESC-171

Edit Information

Edit Number	171	esc Number	171	NCPDP Code	
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Short Desc	Claim Type Does Not Match Original Invoice				
Long Desc	Claim Type Does Not Match Original Invoice				
Edit Criteria	If an adjustment or void request is submitted, check the mother claim in history based on the former reference number on the request. Compare the claim type on the mother claim with the claim type on the adjustment/void request. If they are not the same, set the edit. Since CT for voids is obtained from the original claim, the match for voids is done on form type rather than claim type.				

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type	J	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments	Y		

Claim Type

Dental	Y	Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	Y
Cap Pay	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code	Effective Date	3/29/2004	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC			
Adjustment		DENY	
		DENY	
POS			
Encounter			
Special Batch			
PA			

Programs

Program	Program Title
CPA020	Adjustment Edits

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-172

ESC-172

Edit Information

Edit Number	172	esc Number	172	NCPDP Code	
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Short Desc	No Refills Allowed				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS. This edit has been combined with edit 0366 (Maximum number of refills has been reached).				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-173

ESC-173

Edit Information

Edit Number	173	esc Number	173	NCPDP Code	
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Short Desc	Provider Name Omitted				
Long Desc	Provider name is missing.				
Edit Criteria	A signature is required, but the name and address of the rendering physician is optional. This edit is deleted from new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-174

ESC-174

Edit Information

Edit Number	174	esc Number	174	NCPDP Code	
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Short Desc	Provider Address Omitted				
Long Desc					
Edit Criteria	A signature is required, but the name and address of the rendering physician is optional.				
	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-175

ESC-175

Edit Information

Edit Number	175	esc Number	175	NCPDP Code	
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Short Desc	Cannot Span State Current Fiscal Year				
Long Desc	Cannot Span State Current Fiscal Year				
Edit Criteria	Note: Edit deleted as of 03/26/07. For claim type 01 with provider class type 01 (General Hospital) or provider class type 91 (Out of State Hospital), if the from date of service is prior to 7/01/96 and the thru date of service is after 7/01/96, set the edit. For claim type 01 with provider class type 01 (General Hospital) or provider class type 91 (Out of State Hospital), if the from date of service is prior to 7/01/96 and the thru date of service is equal 7/01/96, and the discharge status equals '30', set the edit. See value set, GEN AND OUT OF STATE HOSP 0175.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	

Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-176

ESC-176

Edit Information

Edit Number	176	esc Number	176	NCPDP Code	62
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Short Desc	Bill Mother and Baby Separately				
Long Desc	Bill Mother and Baby Separately				
Edit Criteria	<p>For Hospital (claim type 01) payment requests:</p> <p>If the provider class type equals 01, 14, 85, or 91 and the admission date is greater than 12/31/1999, do not perform the following: If the admission date is after 6/30/96 AND Medicaid or FAMIS AND if (the total payable nursery days (revenue codes 172, 173, 179) is greater than zero OR the total non-payable nursery days (revenue codes 170 or 171) is greater than zero) AND the total adult days (revenue codes 100 - 169, 180 - 219) is greater than zero, set the edit.</p> <p>If the provider class type equals 01, 14, 85, or 91 and the admission date is greater than 12/31/1999 if Medicaid or FAMIS OR greater than 09/30/2001 if SLH, perform the following: If there are no revenue codes = 113, 123, 133, 143, 153, or 203, but there are revenue codes = 100 - 112, 114 - 122, 124 - 132, 134 - 142, 144 - 152, 154 - 169, or 180 - 219 and if the total payable nursery days (revenue codes 170, 171, 172, 173, or 179) is greater than zeros AND the total adult days (revenue codes 100 - 169, 180 - 219) is greater than zeros, set the edit.</p> <p>See value set, EDIT 0176/0176 SET 1. See value set, EDIT 0176/0176 SET 2.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority	9	Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		4	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
VPTM1RCP	POS Pharmacy Claims Enrollee Edits Process

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-177

ESC-177

Edit Information

Edit Number	177	esc Number	177	NCPDP Code	
-------------	-----	------------	-----	------------	--

Short Desc	Adult Days Greater Than 21 Must Split Bill				
Long Desc	Adult Days Greater Than 21 Must Split Bill				
Edit Criteria	<p>If the enrollee's age is 21 or greater on the from date of service, the provider class type = 01 (General Hospital) or 91 (Out of State Hospital) , and the admission date is > 6/30/96 and <= 12/31/99, and the adult days of service or neonatal days are > 21, set the edit.</p> <p>If the enrollee reaches 21 during the hospital stay, the provider class type = 01 (General Hospital), the admission date is > 6/30/96 and <= 12/31/99, and the length of stay from the time the enrollee reaches the age of 21 is > 21 days, set the edit.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-178

ESC-178

Edit Information

Edit Number	178	esc Number	178	NCPDP Code	39
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Short Desc	Invalid Diagnosis Code
Long Desc	Invalid Diagnosis Code
Edit Criteria	<p>For claim type 01 (Inpatient), if the provider class type = 001 (General Hospital) and the admission date is > 6/30/1996 and the type bill is 111, 112, 113, 114, or 116 and the primary diagnosis code is not found on the Diagnosis Database, set the edit.</p> <p>For claim type 01 (Inpatient), if the provider class type = 091 (Out of State Hospital) and the admission date is > 12/31/1999 and the type bill is 111, 112, 113, 114, or 116 and the primary diagnosis code is not found on the Diagnosis Database, set the edit.</p> <p>For claim type 01, provider types 003, 007, and 077, if the primary diagnosis is not found on the Diagnosis Database, set the edit.</p> <p>If the primary diagnosis code for claim type 04, 05, 08 or 09 (XOVB) is not on the Diagnosis Database, set the edit.</p>

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy	Y	Inpatient	Y
Nursing		Home Health		Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y

Transportation		Xover A		Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		8	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

SLH for Outpatient is effective 5/01/2001.
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Resolution

(None)

Edit/Audit Inquiry Results Edit-179

ESC-179

Edit Information

Edit Number	179	esc Number	179	NCPDP Code	
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Short Desc	Type Bill Discharge Status Invalid				
Long Desc	Invalid Discharge Status for Type Bill				
Edit Criteria	<p>For claim type 01 (inpatient), 02 (SNF), 10 (ICF):</p> <p>- If the claim type is 01 and the provider class type = 01 (Hospital), 14 (Rehab Hospital), 85 Out of State Rehab Hospital), or 91 (Out of State Hospital) and the admission date is > 12/31/1999 for Medicaid/FAMIS or > the new system live date for SLH</p> <p>or</p> <p>- the admission date > 2/28/06 for any claim:</p> <p>If the third position of type of bill is 2 or 3 and the discharge status is not 30, set the edit.</p> <p>If the third position of type of bill is 1 or 4 and the discharge status is 30, set the edit.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	

Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		4	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

The attachment and no-attachment disposition is always set to DENY for EMC adjustments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-180

ESC-180

Edit Information

Edit Number	180	esc Number	180	NCPDP Code	521
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Short Desc	DIAGNOSIS QUALIFIER NOT SUPPORTED
Long Desc	DIAGNOSIS CODE QUALIFIER VALUE NOT SUPPORTED
Edit Criteria	If Qualifier entered before ICD10 implementation date, Qualifier MUST BE 01 indicating ICD9 Diagnosis code submitted. If Qualifier entered on or after ICD10 implementation date, Qualifier MUST BE 02 indicating ICD10 Diagnosis code submitted.

General Indicators

Reject Ind		Deny Ind	Y	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority	2	Recycle Days	
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy	Y	Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		TEST prior to ICD10 implementation; DENY after implementation	
		TEST prior to ICD10 implementation; DENY after implementation	
EMC		TEST prior to ICD10 implementation; DENY after implementation	
		TEST prior to ICD10 implementation; DENY after implementation	
Adjustment			
POS		TEST prior to ICD10 implementation; DENY after implementation	
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-181

ESC-181

Edit Information

Edit Number	181	esc Number	181	NCPDP Code	
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Short Desc	Other Charges Omitted				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-182

ESC-182

Edit Information

Edit Number	182	esc Number	182	NCPDP Code	
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Short Desc	Complete Line A and Total Line				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-183

ESC-183

Edit Information

Edit Number	183	esc Number	183	NCPDP Code	
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Short Desc	Procedure Code Does Not Agree with Service				
Long Desc	Procedure code does not agree with service.				
Edit Criteria	For Outpatient payment requests, if the principal procedure code does not = 3995 or 5498 (renal dialysis) and the ancillary revenue code > 819 and < 860 (outpatient dialysis) and the enrollee premium indicator (C_PREMIUM_IND from the RS_ENROL_BENDEX using person id) = 8 (dialysis patient not eligible for Medicare), set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

Program	Program Title
CPA330	UB04 Service/PA Edit

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-184

ESC-184

Edit Information

Edit Number	184	esc Number	184	NCPDP Code	
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Short Desc	Bill Medicare Part B for Coverage				
Long Desc	Bill Medicare Part B for Coverage				
Edit Criteria	This edit is being deleted. It is handled in edits 344, 367, 385.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-185

ESC-185

Edit Information

Edit Number	185	esc Number	185	NCPDP Code	
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Short Desc	Enrollee Not Enrolled as Foster Child				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-186

ESC-186

Edit Information

Edit Number	186	esc Number	186	NCPDP Code	
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Short Desc	Procedure Code Does Not Agree with Sex Code				
Long Desc	Procedure code billed not compatible with enrollee's sex.				
Edit Criteria	If the sex restriction for the procedure code on the Medical and Administrative Codes Database does not match the enrollee's sex, set the edit.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	Y
FAMIS	Y	Assessments	Y		

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health	Y	Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation	Y	Xover A	Y	Xover B	
Cap Pay	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		2	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

Pend for Capitation, Management, Admin Fees, and Assessments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-187 ESC-187

Edit Information

Edit Number	187	esc Number	187	NCPDP Code	
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Short Desc	Date of Service Greater Than 12 Months				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-188

ESC-188

Edit Information

Edit Number	188	esc Number	188	NCPDP Code	
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Short Desc	Billing Period Exceeds 90 Days				
Long Desc	Billing period exceeds 90 days.				
Edit Criteria	<p>For claim type 05 (Practitioner): If the thru date minus the from date plus 1 is greater than 90 days and the procedure code on the payment request is not in the ranges 04801-04899 or 59400-59860, or the payment request is not Case Management (procedure flag not = CM, FA, SA), set the edit.</p> <p>For claim type 08 (Lab): If the thru date minus the from date is greater than 90 days, set the edit.</p>				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments	Y		

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician	Y	Personal Care		Laboratory	Y
Transportation		Xover A		Xover B	
Cap Pay	Y	Man Fee	Y	Admin	Y
Asmt Fee	Y				

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

Pend for Capitation, Management, Admin Fees, and Assessments.

Resolution

(None)

Edit/Audit Inquiry Results Edit-189

ESC-189

Edit Information

Edit Number	189	esc Number	189	NCPDP Code	
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Short Desc	Previous Admission Must be Resolved First				
Long Desc	Previous Admission Must be Resolved First				
Edit Criteria	For Inpatient (claim type 01), if the payment request is for psychiatric care (check principal diagnosis code for psychiatric care) for provider class types 01, 08, 09 or 91 and it previously pending for edits 266 or 281, Pending Resolution can use this edit to deny the request.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	O	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH	Y	TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-190 ESC-190

Edit Information

Edit Number	190	esc Number	190	NCPDP Code	
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Short Desc	Invalid Screening Service Code				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-191 ESC-191

Edit Information

Edit Number	191	esc Number	191	NCPDP Code	
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Short Desc	Provider Referral Required
Long Desc	Provider Referral Required
Edit Criteria	<p>If edits 007 (Invalid Date of Service) or 025 (Service Thru Date Missing/Invalid) have posted, bypass the edit.</p> <p>If Inpatient Claim Type and Hospice Provider Type and revenue code '0658' found on a facility line, and referring provider number is zero, set the edit.</p> <p>If member age is less than 21 as of Service Date, it's a practitioner claim type, any of the four procedure code modifiers are a 'T', 'S', 'U', or 'ST', and the referring provider number is zero, set the edit.</p> <p>If the claim is a crossover and the service center is '1060', exit the logic at this point.</p> <p>If the claim type and provider type combinations are found in value set 30032 (REFERRING PVTYP CLMTYP) and the procedure code (primary procedure code for HCFA claims and any line item procedure code for UB92 claims) is not found in value set 31032 (ORP EXEMPT PROC CODES), set the edit if either of the following is true:</p> <ul style="list-style-type: none"> • If the claim form is 'UB92' and referring provider number is zero. • If the claim form is 'HCFA' and Referring NPI is zero. <p>NOTE: Xerox will not make any changes to the existing CMM related edits listed below for PSR. These edits will function as they do today.</p> <ul style="list-style-type: none"> • Edit 286 Review of CMM Restriction • Edit 290 Review of CMM Accident/Emergency Condition • Edit 421 Restriction – Emergency Not Indicated on Invoice • Edit 488 Resubmit with CMM Referral Form • Edit 497 CMM Emergency Not Substantiated • Edit 498 CMM Emergency Documentation Not Received

General Indicators

Reject Ind		Deny Ind	N	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health		Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation		Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

CPA028	Provider Edits
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Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-192 ESC-192

Edit Information

Edit Number	192	esc Number	192	NCPDP Code	
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Short Desc	Invalid Referral Appointment Date				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-193

ESC-193

Edit Information

Edit Number	193	esc Number	193	NCPDP Code	
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Short Desc	Referral Date Over 60 Days from Service				
Long Desc					
Edit Criteria	This edit is no longer valid and is not included in the new MMIS.				

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type		Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid		SLH		TDO	
FAMIS		Assessments			

Claim Type

Dental		Pharmacy		Inpatient	
Nursing		Home Health		Outpatient	
Physician		Personal Care		Laboratory	
Transportation		Xover A		Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media		LOC		Disp	
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Paper			
EMC			
Adjustment			
POS			
Encounter			
Special Batch			
PA			

Programs

(None)

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-194 ESC-194

Edit Information

Edit Number	194	esc Number	194	NCPDP Code	
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Short Desc	Attending Provider Not On File
Long Desc	Attending Provider Not On File
Edit Criteria	If the Attending Provider NPI is zeros or if the legacy provider id does not have an associated NPI on file, set the edit.

General Indicators

Reject Ind		Deny Ind	N	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter			
Special Batch			
PA			

Programs

Program	Program Title
CPA028	Provider Edits

Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-195

ESC-195

Edit Information

Edit Number	195	esc Number	195	NCPDP Code	
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Short Desc	Referral Provider Not on File
Long Desc	Referring Provider ID Number Not on File
Edit Criteria	<p>If edits 007 (Invalid Date of Service), 025 (Service Thru Date Missing/Invalid), or 191 (Provider Referral Required) have posted, bypass the edit. If the form type is XOVA or XOVB and the service center is '1060', bypass the edit If the claim provider type/claim type combination is not in value set 30032 (REFERRING PVTTYPE CLMTYP) —or— (if the claim provider type/claim type combination is in value set 30032 —and-- the procedure code (primary procedure code for HCFA claims and any line item procedure code for UB92 claims) is not found in value set 31032 (ORP EXEMPT PROC CODES)), bypass the edit.</p> <p>For HCFA or XOVB claims:</p> <ul style="list-style-type: none"> • If the referring NPI is zeros, set the edit. • If the legacy referring provider does not have an NPI on file, set the edit. <p>For UB92 and XOVA claims:</p> <ul style="list-style-type: none"> • If the referring provider number is zero, set the edit. • If the legacy referring provider does not have an NPI on file, set the edit. <p>Bypass this edit if the special batch flag = Y and the referring provider is all 7's.</p>

General Indicators

Reject Ind		Deny Ind	N	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health		Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation		Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		PAY	
		PAY	
POS		PAY	
Encounter		0	
Special Batch	217	PEND	
PA			

Programs

CPA028	Provider Edits
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Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-196

ESC-196

Edit Information

Edit Number	196	esc Number	196	NCPDP Code	
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Short Desc	Referral Prov Not Eligible on DOS Referral Prov Not Eligible on DOS
Long Desc	Referral Provider Not Eligible on Service Date Referring Provider not Eligible to Participate in this Pgm on Svc Dt
Edit Criteria	<p>If edits 007 (Invalid Date of Service), 025 (Service Thru Date Missing/Invalid), 191 (Provider Referral Required), or 195 (Referral Provider Not on File) have posted, bypass the edit.</p> <p>If the claim provider type/claim type combination is not in value set 30032 (REFERRING PVTTYPE CLMTYP)</p> <p>—or—</p> <p>(if the claim provider type/claim type combination is in value set 30032 —and-- the procedure code (primary procedure code for HCFA claims and any line item procedure code for UB92 claims) is not found in value set 31032 (ORP EXEMPT PROC CODES)), bypass the edit.</p> <p>For HCFA or XOVB claims:</p> <ul style="list-style-type: none"> If the referring NPI is not eligible for any programs on the dates of service, set the edit. <p>For UB92 and XOVA claims:</p> <ul style="list-style-type: none"> If the referring provider number is zeros, bypass the edit. If the referring provider is not eligible for any programs on the dates of service, set the edit.

General Indicators

Reject Ind		Deny Ind		Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health		Outpatient	Y
Physician	Y	Personal Care	Y	Laboratory	Y
Transportation		Xover A	Y	Xover B	Y
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter			
Special Batch			
PA			

Programs

CPA028	Provider Edits
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Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-197 ESC-197

Edit Information

Edit Number	197	esc Number	197	NCPDP Code	
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Short Desc	Attending Provider NPI Required
Long Desc	Attending Provider NPI Required
Edit Criteria	If the attending provider number is missing or equal zeros, post the edit.

General Indicators

Reject Ind		Deny Ind	N	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	Z	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code	DOS	Effective Date	Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter			
Special Batch			
PA			

Programs

CPA028	Provider Edits
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Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-198

ESC-198

Edit Information

Edit Number	198	esc Number	198	NCPDP Code	
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Short Desc	Attending Prov Same as Billing Prov
Long Desc	Attending Provider Same as Billing Provider
Edit Criteria	If the attending provider is the same as the billing provider, set the edit.

General Indicators

Reject Ind	Y	Deny Ind	N	Override Ind	
PrtRA Ind		PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter			
Special Batch			
PA			

Programs

CPA028	Provider Edits
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Exceptions

None

Resolution

(None)

Edit/Audit Inquiry Results Edit-199

ESC-199

Edit Information

Edit Number	199	esc Number	199	NCPDP Code	
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Short Desc	Attending Prov Not Eligible on DOS
Long Desc	Attending Provider Not Eligible on Date of Service
Edit Criteria	If the attending provider is not eligible on the dates of service, set the edit.

General Indicators

Reject Ind		Deny Ind	N	Override Ind	
PrtRA Ind	Y	PA Override Ind		Compound Ind	
Type	P	Priority		Recycle Days	0
HIPAA esc		CutBack Ind			

Program Indicators

Medicaid	Y	SLH		TDO	
FAMIS	Y	Assessments			

Claim Type

Dental		Pharmacy		Inpatient	Y
Nursing	Y	Home Health		Outpatient	Y
Physician		Personal Care		Laboratory	
Transportation		Xover A	Y	Xover B	
Cap Pay		Man Fee		Admin	
Asmt Fee					

Date Information

Effective Date Code		Effective Date		Revision Date	
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Media/Disposition/Pend Location Codes

Media	LOC	Disp	
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Paper		DENY	
		DENY	
EMC		DENY	
		DENY	
Adjustment		DENY	
		DENY	
POS			
Encounter			
Special Batch			
PA			

Programs

CPA028	Provider Edits
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Exceptions

None

Resolution

(None)
